



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

May 23, 2012

Barbara Fowkes
Spectrum Community Services
28303 Joy Rd.
Westland, MI 48185

RE: Application #: AS820315575
Freedom Residence
15980 Oak Drive
Livonia, MI 48154-3448

Dear Mrs. Fowkes:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820315575
Applicant Name:	Spectrum Community Services
Applicant Address:	28303 Joy Rd. Westland, MI 48185
Applicant Telephone #:	(734) 458-8729
Licensee Designee:	Renee Woods
Administrator:	Lettie Jeffery
Name of Facility:	Freedom Residence
Facility Address:	15980 Oak Drive Livonia, MI 48154-3448
Facility Telephone #:	(734) 458-8729
Application Date:	0/03/2011
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/03/2011	Enrollment
11/01/2011	Application Incomplete Letter Sent
04/10/2012	Inspection Completed On-site
04/10/2012	Inspection Completed-BCAL Sub. Compliance
04/18/2012	Application Complete/On-site Needed
04/24/2012	Inspection Completed On-site
04/24/2012	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Freedom Residence is located in a residential are in Livonia, Michigan. It is an aluminum siding and brick, two story structure with a partial basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen with an additional eating area, and two full bathrooms. The backyard is partially fenced in.

The hot water heater is located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating; the room has a 1-3/4 inch solid core door. The furnace is located in the attic, separated from the living area by a 1 3 /4 inch reinforced door. The facility is equipped with interconnected, hardwire smoke detection system, with battery back- up, which was installed by a licensed electrician and is fully operational.

The home is not wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
West	13ft X 13.83ft	179.79	2
East	17.42ft X 8.25ft	143.72	2
South	10.17ft X 11ft	111.87	1

The living, dining, and sitting room areas measure a total of 445 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Gateway, Consumer Link, Community Living Services and Synergy Partners.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational activities. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Spectrum Community Services, Inc., which is a "Non Profit Corporation" established in Michigan on 11/18/1988. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Spectrum Community Services, Inc. has submitted documentation appointing Renee Woods as Licensee Designee for this facility and Lettie Jeffery as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and administrator each submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 5 -bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the

home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license with a capacity of 5 to this adult foster care small group home.

Shatonla Daniel

05/23/12

Shatonla Daniel
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

05/23/2012

Gregory V. Corrigan
Area Manager

Date