



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 7, 2012

Mary Hall
Apple Tree Lane LTD dba Special Tree NeuroCare Ctr
16880 Middlebelt Road, Suite 2
Livonia, MI 48154

RE: Application #: AL820313042
NeuroCare Center South
39000 Chase Road
Romulus, MI 48174

Dear Ms Hall:

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 15 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,

Vanita C. Bouldin, Licensing Consultant
Bureau of Children and Adult Licensing
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL820313042

Applicant Name: Apple Tree Lane LTD dba Special Tree
NeuroCare Ctr

Applicant Address: 39000 Chase Road
Romulus, MI 48174

Applicant Telephone #: (734) 838-6009

Administrator/Licensee Designee: Mary Hall

Name of Facility: NeuroCare Center South

Facility Address: 39000 Chase Road
Romulus, MI 48174

Facility Telephone #: (734) 893-1054

Application Date: 04/05/2011

Capacity: 15

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/05/2011	Enrollment
04/08/2011	Inspection Report Requested - Health Inv # 1018631
04/08/2011	Inspection Report Requested - Fire
04/08/2011	Contact - Document Sent Fire Safety Letter
04/08/2011	Application Complete/On-site Needed
04/08/2011	File Transferred To Field Office Detroit Office
04/19/2011	Application Incomplete Letter Sent
07/12/2012	Inspection Completed-Fire Safety : A
07/19/2012	Inspection Completed-Env. Health : A
08/03/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The NeuroCare Center South adult foster care home is located in a residential area in Romulus, MI. The facility is a single story structure attached to the a 39 bed long-term facility called the Neurocare Center. NeuroCare Center South comes equipped with a dining room with a pantry and preparation area where cold and hot foods can be prepared.

The large facility has been inspected by the Bureau of Fire Services – Fire Marshal Division on 07/12/2012. NeuroCare Center South received fire safety approval. The City of Romulus issued a certificate of occupancy and compliance on 07/149/2012. The certificate states that the facility is in accordance with the City of Romulus Zoning Ordinance, regulations, and applicable building codes enforced by the Department of Building & Safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
108	22.1 X 11.83	261 sq. ft.	2
110	18.6 X 17.1	318 sq. ft.	2
201	14.92 x 11.1	165 sq. ft.	1
203	14.92 X 11.1	166 sq. ft.	1
204	14.92 X 11.1	166 sq. ft.	1
206	14.75 X 18.5	273 sq. ft.	2
207	11.5 X 12.2	140 sq. ft.	1
211	14.75 X 18.5	273 sq. ft.	2
212	14.92 X 11.1	167 sq. ft.	1
214	14.92 X 11.1	167 sq. ft.	1
216	14.92 X 11.83	177 sq. ft.	1

The living, dining, and sitting room areas measure a total of 874 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 **fifteen (15)** 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 **fifteen (15)** male or female ambulatory or non-ambulatory adults whose diagnosis is traumatic brain injury or physically handicapped, 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.

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 and guardian.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. 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 Apple Tree Lane, LTD DBA Special Tree NeuroCare Center, which is a For Profit Corporation was established in Michigan, on 10/18/1974. 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 Apple Tree Land, LTD DBA Special Tree NeuroCare Center, has submitted documentation appointing Mary Jo Hall as Licensee Designee for this facility and Irene Solan as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator 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 fifteen-bed facility is adequate and includes a minimum of 1 staff –to- 15 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), Cogent, 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home (capacity 1 - 15).



Vanita C. Bouldin
Licensing Consultant

Date: 08/07/2012

Approved By:



Ardra Hunter
Area Manager

Date: 08/07/2012