



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 25, 2012

Lizabeth Napiwocki
Compli-Health Technologies, Inc.
PO Box 47922
Oak Park, MI 48237

RE: Application #: AS630316594
Sprawling Ravines of Oakland County
32999 W. 14 Mile Road
Farmington Hills, MI 48334

Dear Lizabeth Napiwocki:

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 6 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 (248) 975-5053.

Sincerely,

Felicia Townsend, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 860-4298

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630316594
Applicant Name:	Compli-Health Technologies, Inc.
Applicant Address:	18877 W. 10 Mile Road Southfield, MI 48075
Applicant Telephone #:	(248) 569-7775
Administrator/Licensee Designee:	Lizabeth Napiwocki
Name of Facility:	Sprawling Ravines of Oakland County
Facility Address:	32999 W. 14 Mile Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 569-7775
Application Date:	12/14/2011
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/14/2011	Enrollment
12/16/2011	Contact - Document Sent Rules & Act booklets
12/16/2011	Application Incomplete Letter Sent Received clearance for Lizabeth Napiwocki
12/29/2011	Contact - Document Received 1326/Lizabeth. Napiwocki
12/29/2011	Licensing Unit file referred for criminal history review Lizabeth Napiwocki
01/10/2012	License Unit received criminal history file from review NS Crime Previously Reviewed
01/10/2012	Application Complete/On-site Needed
01/13/2012	File Transferred To Field Office
01/23/2012	Application Incomplete Letter Sent
05/21/2012	Inspection Completed On-site
05/21/2012	Inspection Completed-BCAL Sub. Compliance
05/22/2012	Application Incomplete Letter Sent
06/15/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

Sprawling Ravines is located at 32999 W. 14 Mile Rd., Farmington Hills, MI. American Real Estate, LLC is listed as the property owner. There is a lease agreement with American Real Estate, LLC and Compli-Health Technologies the applicant. The Lease agreement and permission to inspect the property is contained in the facility file.

Sprawling Ravines of Oakland County is a ranch style home located in a residential area of single-family homes in Farmington Hills. The main floor contains a living room, dining room, kitchen, four bathrooms, five bedrooms, laundry room and an attached three car garage. The furnace and water heater are located on the main floor.

The bedrooms were measured at the time of inspection and were found to be of the following dimensions and accommodation capability:

BEDROOM	DIMENSIONS	SQ.FT.	OCCUPANCY
Bedroom #1	11 x 12.3		(2)
Bedroom #2	9 x 11		(1)
Bedroom #3	10.8 x 9.3		(1)
Bedroom #4	12 x 11.5		(2)
		Total Capacity	(6)

Based upon the above information, this facility has the square footage necessary to accommodate up to six adults, as requested on the application.

The living space for the home was measured and is listed below:

The living room is 13'5" x 24'5" and the dining room is 12'5" x 13'. The proposed capacity for the home is six (6). Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of this home.

The bedrooms were properly furnished, clean and neat. Each bedroom has an easily operable window, a mirror for grooming and a chair. The bedrooms all have adequate closet space for storage. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene.

Sprawling Ravines of Oakland County has public water and sewage services. Garbage disposal is provided by the city of Farmington Hills. The kitchen and bathroom areas were evaluated, and found to be adequately equipped and in clean condition. All

necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The refrigerator and freezer were equipped with thermometers.

B. Fire Safety

Sprawling Ravines of Oakland County has a fully hardwired smoke detection system installed to meet the requirements of R400.14505. The home has a smoke detector in the kitchen area and sleeping areas. The home also has fire extinguishers located throughout the house on the main floor. There is no basement.

The home has two separate means of egress. The required doors are equipped with positive latching non-locking against egress hardware.

A gas forced air system heats the facility. The furnace was recently inspected and the applicant supplied a copy of the report for review at the time of final inspection. The furnace and the hot water heater are located on the main floor of the house. Separation is provided with a fire rated door with a self-closing device. The water temperature was tested at the final inspection and found to be in compliance with rule R400.14401 (2).

C. Program Description

The applicant submitted a copy of the program statement to the Department for review and inclusion in the licensing record. The document is acceptable as written. The facility will provide service for the physically challenged, Aged, Alzheimer's, and Traumatic Brain Injury individuals. Their mission is to provide individualized 24-hour staffing services that maximizes dignity and independence in a healthy, safe and clean environment.

On December 14, 2011, the Department received a license application and application fee from Compli-Health Technologies, Inc. with Lizabeth Napiwocki listed as the Licensee Designee and Administrator to operate a small group AFC facility at the above referenced address in Farmington Hills. The filing endorsement from the Department of Energy, Labor, and Economic Growth has a filing date of September 2009. The applicant is seeking to operate a program for physically challenged, Aged, Alzheimer's, and Traumatic Brain Injury populations.

As part of the application process the applicant submitted admission and discharge policies which were acceptable as written. All required documentation i.e. proposed staffing pattern, current organizational chart, proposed budget and floor plan were submitted. The applicant also submitted personnel policies, routine procedures and job descriptions.

A Record Clearance Request has been processed for Lizabeth Napiwocki the Licensee Designee and Administrator. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and is suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Napiwocki is on file. The form indicates that she is in good physical and mental health, and there is no reason why she should not be involved in the operation of this facility. A current negative TB test is also on file with the Department.

The Licensee Designee, Ms. Lizabeth Napiwocki, is a healthcare professional with 25 years of progressive experience in management, clinical and direct care positions in acute, sub-acute, rehabilitative, and group home facilities. She has worked with dementia patients, head injury, physically disabled as well as mentally disabled individuals.

The staffing pattern for this six-bed facility is adequate and includes a minimum of one staff to six 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 one staff-to-six resident ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, on-going, "direct access" to residents or the resident's information.

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 current employee records on file in the home for the licensee, administrator, and direct care staff or volunteer.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of the Resident Rights Booklet.

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

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 facility as well as the required forms and signatures to be completed on an annual basis.

D. Rule/Statutory Violations

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

E. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Felicia Townsend

06/25/2012

Felicia Townsend
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

06/25/2012

Denise Y. Nunn
Area Manager

Date