



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 24, 2013

Cheryl Fields
Treetop Adult Care, LLC
Suite 180/B202
4301 Orchard Lake
West Bloomfield, MI 48323

RE: Application #: AS630325545
Treetop Adult Care
25120 Circle Drive
Southfield, MI 48075

Dear Ms. Fields:

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,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
BCAL 4th Floor
51111 Woodward
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630325545
Applicant Name:	Treetop Adult Care, LLC
Applicant Address:	22355 Ivanhoe Lane Southfield, MI 48034
Applicant Telephone #:	(248) 722-0758
Administrator/Licensee Designee:	Cheryl Fields
Name of Facility:	Treetop Adult Care
Facility Address:	25120 Circle Drive Southfield, MI 48075
Facility Telephone #:	(248) 470-7800
Application Date:	06/15/2012
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/15/2012	Enrollment
06/15/2012	Application Incomplete Letter Sent Need Record clearance for Cheryl Fields and Fingerprints.
07/13/2012	Contact - Document Received Fingerprints and 1326/Cheryl Fields.
07/18/2012	Application Complete/On-site Needed
07/18/2012	Contact - Document Sent Act and Rules.
07/18/2012	File Transferred To Field Office Pontiac.
07/25/2012	Application Incomplete Letter Sent
11/09/2012	Inspection Completed On-site
02/14/2013	Inspection Completed-BCAL Sub. Compliance
02/14/2013	Application Incomplete Letter Sent
03/20/2013	Inspection Completed On-site
04/15/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a single story structure with a basement. The exterior walls consist of brick, wood siding and stone tiles. The facility is wheelchair accessible and is equipped with ramps at all means of egress. The facility has no garage but has a driveway which provides adequate off street parking for staff and visitors.

The facility consists of four resident bedrooms, two full bathrooms, one half bathroom, the living room, the family room, an activity room, a kitchen, the dining room and two staff office areas. The laundry facilities are in one area of the activity room.

The facility is located within a few miles of retail establishments, medical facilities, restaurants, local libraries, schools, recreational facilities and places of worship. It is situated in a residential neighborhood with similar type single family dwellings.

The facility utilizes the municipal water supply system and sewage disposal system.

The boiler and the hot water heater are in the basement and this heating plant is separated from the main level by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'x12'10"	154	1
2	10'6"x9'	95	1
3	14'x17'6"	245	2
4	12'4"x18'6"	228	2

The living room area measures a total of 297 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 **six** (6) male or female adults who are aged (60 years old and over) and/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. Residents will be referred from private referral sources and community-based agencies.

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 and/or arrange 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

On 6/15/2012, the applicant, Treetop Adult Care L.L.C., submitted an application to provide adult foster care services at 25120 Circle Drive, Southfield, Michigan. The applicant is a "Domestic Limited Liability Company" established in Michigan on 2/1/2012. 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 Treetop Adult Care, L.L.C. has submitted documentation appointing Cheryl Fields as Licensee Designee and Administrator for the facility.

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

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. According to the documentation submitted and on file, Ms. Fields obtained a Master of Science degree in Health Care Administration. Ms. Fields is licensed as a Registered Nurse in the State of Michigan. She has worked as a nurse in a hospital setting and cared for the adult and geriatric population since 1987.

The staffing pattern for the original license of 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 licensee designee/administrator acknowledged 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 licensee designee/administrator 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 Systems ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensee designee/administrator acknowledged 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 licensee designee/administrator 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 licensee designee/administrator acknowledged 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 licensee designee/administrator acknowledged their responsibility to maintain a current employee record on file in the home for the licensee designee/administrator and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The licensee designee/administrator acknowledged 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 licensee designee/administrator 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 licensee designee/administrator acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee/administrator acknowledged 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 licensee designee/administrator acknowledged 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.

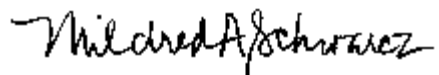
The licensee designee/administrator acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 to this adult foster care small group home (capacity 1-6).



04/24/2013

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



04/24/2013

Denise Y. Nunn
Area Manager

Date