



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 13, 2013

Bradley Kotula
North-Oakland Residential Services Inc.
P. O. Box 216
Oxford, MI 48371

RE: Application #: AS630339744
Edgar Home
8740 Andersonville Road
Clarkston, MI 48347

Dear Mr. Kotula:

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,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630339744
Applicant Name:	North-Oakland Residential Services Inc
Applicant Address:	106 S. Washington Oxford, MI 48371
Applicant Telephone #:	(248) 969-2392
Administrator/Licensee Designee:	Bradley Kotula
Name of Facility:	Edgar Home
Facility Address:	8740 Andersonville Road Clarkston, MI 48347
Facility Telephone #:	(248) 625-4273
Application Date:	04/16/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/16/2013	Enrollment
04/24/2013	Application Incomplete Letter Sent Finger prints/Bradley.
04/24/2013	Contact - Document Sent Act & Rules.
04/24/2013	Inspection Report Requested - Health Inv.1021508.
05/09/2013	Licensing Unit file referred for criminal history review Bradley.
05/15/2013	Licensing Unit received criminal history file from review
05/17/2013	Application Complete/On-site Needed
05/17/2013	File Transferred To Field Office Pontiac.
05/21/2013	Contact - Document Received Received licensing fee file from Central Office.
05/29/2013	Application Incomplete Letter Sent
06/07/2013	Inspection Completed On-site
06/07/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Edgar Home is a barrier-free, brick and vinyl-sided ranch style home, located at 8740 Andersonville Road, Springfield Township (Clarkston address), Michigan 48347. The home has an attached two-car garage and a driveway with ample space for extra parking. The structure of the home and the landscaping are in very good condition and are well-maintained.

The Licensee of Edgar Home is North-Oakland Residential Services, Inc., which currently operates 15 other licensed Adult Foster Care (AFC) homes, 14 in Oakland County and 1 in Macomb County. Edgar Home was recently owned and operated as an AFC home by Residential Alternatives, Inc. North-Oakland Residential Services, Inc. was incorporated in 1980 and is a Domestic Nonprofit Corporation.

North-Oakland Residential Services, Inc. has an arrangement with Community Housing Services (CHS), who own this home. This arrangement allows the Licensee to provide AFC services at this home. CHS has provided written permission for State of Michigan employees to inspect the home and property.

The furnace and hot water heater are located in the basement which uses a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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, which was tested upon the final inspection on 8/7/12 and worked appropriately. There is an operable A-B-C fire extinguisher attached to a wall on the main floor and in the basement and are easily accessible. Evacuation routes are placed on the walls in conspicuous places.

Resident bedrooms measured with the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 13'7"	156	2
2	12'10" x 12'3"	157	2
3	14'9" x 11'3"	165	2

Total Capacity: 6

The living, dining, and family room areas measure a total of 553 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid. The water tested within the 105-120° range at the time of final inspection on 6/7/13.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

Caustics used in the home are kept in the basement away from the food preparation area. Residents do not go in the basement. There is a medication cabinet in the home that has a lock on it as well.

All of the doors in the home, including interior and exterior, either have knobs that do not lock, or have knobs or handles that have locks that are non-locking against egress, which can be unlocked in one motion.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and porches are all in good condition. The bricks, roof, and gutters are also all in good condition. There are handrails where required.

Edgar Home has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it.

An environmental health inspection was done by the Oakland County Health Division on 6/20/13 and was given an approval rating of "A".

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 ambulatory adults 18 to 70 years old whose diagnosis is Developmentally Disabled, in the least restrictive environment possible. The applicant intends to submit an application to be specially certified for the Developmentally Disabled population. 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.

North-Oakland Residential Services, Inc. provided a detailed Program Statement, which includes a statement that reads: "...it is our intent to provide the consumers with a maximum number of opportunities to exercise personal choice; to experience self-growth; to develop the capacity for meeting the normal challenges and risks of daily living and, to the extent that their individual potential and abilities allow, develop self-reliance."

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 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

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee, Bradley Kotula, who is also the 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 has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Licensee Designee/Administrator, Mr. Kotula, has been working with vulnerable adults since 1980, specifically adults who are developmentally disabled. Mr. Kotula was also the Executive Director of North-Oakland Residential Services, Inc. from 1980 to 2001. Over the past 33 years, Mr. Kotula has attended several workshops, seminars, and conferences related to the vulnerable adult population. He has attended Michigan Assisted Living Association (MALA) conferences, and is current with his First Aid and CPR training.

The Licensee Designee/Administrator has named in writing Roger Covill as the designated responsible person who will manage the operation of this home in the absence of the Licensee Designee/Administrator.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 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) and the related documents required to be maintained in each employee’s 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 small group home (capacity 1 – 6).



June 13, 2013

Ian Tschirhart
Licensing Consultant

Date

Approved By:



June 13, 2013

Denise Y. Nunn
Area Manager

Date