



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 2, 2014

Michelynn Blannon  
Gavin's Fragile Care, LLC  
18925 Wildemere  
Detroit, MI 48221

RE: Application #: AS630339746  
Gavin's Fragile Care, LLC  
26403 Springland  
Farmington Hills, MI 48334

Dear Ms. Blannon:

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,

John Pochas, Licensing Consultant  
Bureau of Children and Adult Licensing  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3822

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630339746
<b>Applicant Name:</b>	Gavin's Fragile Care, LLC
<b>Applicant Address:</b>	18925 Wildemere Detroit, MI 48221
<b>Applicant Telephone #:</b>	(313) 471-7191
<b>Administrator/Licensee Designee:</b>	Michelynn Blannon
<b>Name of Facility:</b>	Gavin's Fragile Care, LLC
<b>Facility Address:</b>	26403 Springland Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(313) 471-1791
<b>Application Date:</b>	04/16/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

04/16/2013	Enrollment
04/24/2013	Application Incomplete Letter Sent FP/Michelynn.
04/24/2013	Contact - Document Sent Act & Rules.
05/09/2013	Application Complete/On-site Needed
05/09/2013	File Transferred To Field Office Pontiac.
05/13/2013	Contact - Document Received Received licensing fee file from Central Office.
06/07/2013	Application Incomplete Letter Sent
07/03/2013	Inspection Completed-BCAL Sub. Compliance
07/18/2013	Contact - Document Sent Preliminary inspection report emailed
08/23/2013	Contact - Telephone call made Ms. Blannon stated she did not receive the inspection report.
08/23/2013	Contact - Document Sent Emailed preliminary inspection report.
09/24/2013	Contact - Telephone call made CAP not received.
10/01/2013	Contact - Document Received CAP indicating that items would be corrected by 10/15/13.
10/02/2013	Contact - Telephone call made Final inspection set for 10/15/13.
10/15/2013	Inspection Completed On-site
10/17/2013	Contact - Document Sent Follow up report emailed.
01/30/2014	Inspection Completed On-site
01/30/2014	Inspection Completed-BCAL Full Compliance

02/12/2014	Contact - Face to Face Policy technical assistance and consultation.
03/17/2014	Contact - Document Received Policy revision.

### **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.

#### **1) Environmental Conditions**

Gavin's Fragile Care, LLC Inc. is located at 26403 Springland, Farmington Hills, Michigan 48334. The home is situated to the west of Middlebelt Road and north of Eleven Mile Road, in Oakland County, Michigan. Phillip Ben-Ezra, 15777 W. Ten Mile, Suite 200, Southfield, MI 48075 is the owner of record for the property. Proof of ownership is contained in the facility file.

Gavin's Fragile Care, LLC Inc. is a ranch style home which is on a slab. The home is in a suburban area of similar constructed homes. The home has a two car attached garage and larger back yard. The home is landscaped. The interior of the home is refurbished, clean, and nicely decorated.

The main entrance opens into a kitchen to the left and a dining room adjacent to the right of the kitchen. A nice sized living room is next to the dining room. Two bedrooms are located to the right of the living room area on the east side of the home. Three bedrooms are located on the west side of the home. A full bath is located off the hallway leading to the bedrooms on the east side of the home. A laundry room is located off the kitchen area with a half bath adjacent to it. A gas-fired furnace is located off the kitchen/foyer area which is enclosed.

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

<b><u>BEDROOM</u></b>	<b><u>DIMENSIONS</u></b>	<b><u>SQ. FOOTAGE</u></b>	<b><u>OCCUPANCY</u></b>
Bedroom # 1 (NW)	11'6" x 14'	162	1
Bedroom # 2 (SW)	10'3" x 13'8" (+2'x6" x 5'4")	150	1
Bedroom # 3 (N)	10' x 14'	140	1
Bedroom # 4 (N)	11' x 8'3"	91	1
Bedroom # 5 (NE)	12' x 11'4"	137	1
Bedroom # 6 (SE)	11'7" x 11'	128	1
<b>Total Occupancy:</b>			<b>6</b>

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 6 adults, as requested in the application.

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

The home has a large living room and dining room area that measures 12' x 25', a kitchen area that measures 20'5" x 8'2". The proposed capacity for the home is 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 the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. 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. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Gavin's Fragile Care, LLC Inc. has public water and sewage services. Garbage disposal is supplied through Waste Management Sanitation Services. 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 home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R400.14401 (2). The home also met the minimum

requirements regarding food service (R400.14402) and maintenance of premises (R400.14403). Laundry facilities are located in a separate room adjacent to the kitchen. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

## **2. Fire Safety**

The licensee installed a hard wired smoke detection system to meet the requirements of R400.14505. The smoke detectors are placed as required by the rule. The home has smoke detectors in the furnace area and kitchen area and area separating the bedrooms from the remaining home area. The home also has fire extinguishers located on the main floor and basement, which meet the requirements of R400.14506. The home has more than two means of egress from the main floor and the exit doors all meet the requirements of rules R400.14507 and R400.14509. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware. The bedrooms of the home also have the proper means of egress as required by R400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R400.14503, and R400.14504.

A gas forced air system heats the facility. The furnace was recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. The licensee was advised that water temperature should be monitored on a regular basis. The water temperature was tested at the final inspection and found to be in compliance with the rule R400.14401 (2). I also found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Farmington Hills. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensee has indicated that it is the licensee's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

## **B. Program Description**

### **1) Program Statement**

Gavin's Fragile Care, LLC Program Statement describes the program as focused on the elderly and developmentally disabled persons and involves assistance with activities of daily living that fosters independent functioning such as dressing, grooming, assistance with bathing and meals. The program strives to assure the health, safety, security and contentment of each resident through personalizing plans of care.

### **2) Required Information**

On 04/18/13, the Department received a license application and application fee from Ms. Michelynn Blannon, acting on behalf of Glavin's Fragile Care LLC., to operate a small group AFC facility at the above referenced address in Farmington Hills, Michigan. The filing endorsement from the Department of Licensing and Regulatory Affairs has a filing date of November 1, 2011.

As part of the application process the licensee submitted admission, discharge policies for the Glavin's Fragile Care Home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The licensing file also contains a written statement from Glavin's Fragile Care LLC naming Ms. Michelynn Blannon as the licensee designee. A Records Clearance Request has been processed for Ms. Michelynn Blannon. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and are suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Michelynn Blannon is contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file with the Department.

As referenced above, Ms. Michelynn Blannon submitted on behalf of Glavin's Fragile Care LLC, financial information as part of the new application process. The applicant submitted a current projected budget. Based on the information presented, I have determined that the applicant corporation has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

### **3) Qualifications and Competencies**

The licensee designee, Ms. Michelynn Blannon, has been involved in providing Adult Foster Care services to elderly and developmentally disabled individuals for one year. Ms. Blannon previously worked at Deans Manor home and has completed training at Wayne Center in 2006 and completed continuing education for AFC licensee and administrator's. Based on materials submitted I conclude that Ms. Blannon has demonstrated her competency as required by the rule R400.14201.

At the time of the final inspection, Ms. Blannon indicated that there were no changes to report in information previously submitted in this application for a license. The licensee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4) and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Blannon is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee.

As required by the rule R400.14202, the home has a designated administrator. Ms. Blannon will act as administrator for the Glavin's Fragile Care Home. Based on the information submitted and information reviewed in the home at the time of the final inspection, Ms. Blannon meets the requirements of the rules and is qualified based on her background and training to act as administrator for Glavin's Fragile Care AFC Home.

The licensee understands that in accordance with rules R400.14307, R400.14308, and R400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review, and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R400.14206.



Individuals, who are interested in placement into Glavin's Fragile Care Home, should contact Ms. Blannon at the facility. The licensee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

#### **4) Facility and Employee Records**

I have reviewed Gavin's Fragile Care, LLC personnel policies and determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Gavin's Fragile Care, LLC were reviewed and submitted to the department. They are acceptable as written. I have also discussed with the applicant the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the applicant (R 400.14734b). I have reviewed the process that the home will follow and find it meets the intent of the administrative rules. The applicant is aware of the requirements for employee records based on previous experience in Adult Foster Care.

##### **a) Facility Records in General (Rule R400.14209)**

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with the applicant and the applicant indicates that it is his intent to comply with this requirement. Copies of required Department forms were also given to the applicant during the course of the pre-licensing period. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant understands the requirements set forth in rule R400.14313 and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Blannon has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The applicant was also advised that a licensed physician must order any special diets implemented in the home.

##### **b) Employee Records (rules R400.14204 and R400.14208)**

Based on the applicant's previous experience, the applicant is aware of the requirements for staff qualifications and training and intends to comply with the rules. The applicant understands that all employees must submit to a pre-employment

physical, which includes a TB tine test. The results of the test are obtained before employment begins. The applicant will also verify age and check references before a person is offered employment. The applicant provides an orientation and training of its own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the applicant understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

## **5) Resident Care, Services, and Records**

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the Applicant. The Applicant has indicated that it is the home's intent to comply with these requirements. During the course of the pre-licensing investigation, I advised the applicant of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The applicant attests that it is the intent of the home to achieve and maintain compliance with these requirements.

Also discussed were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The applicant has again indicated that it is their intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator/applicant at the time of the final inspection. The applicant was provided with copies of the Department forms Resident Funds and Valuables Parts II & I. The applicant is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

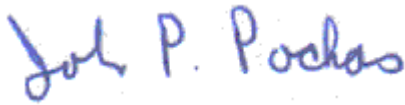
The applicant stated that they have an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The applicant is aware of the requirements of rules R400.14318 and R400.14319, and assures me that the applicant will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services and records. A more complete evaluation of resident services will be made at the time of license renewal.

#### IV. RECOMMENDATION

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



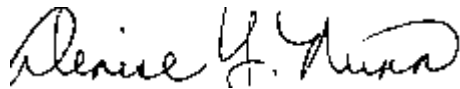
05/02/2014

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John Pochas  
Licensing Consultant

Date

Approved By:



05/02/2014

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Denise Y. Nunn  
Area Manager

Date