



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 31, 2014

Janet Patterson
Pathways to Self Determination, LLC
P.O. Box 1743
Birmingham, MI 48012

RE: Application #: AS630357278
Eaton Gate Residence
2440 Eaton Gate
Lake Orion, MI 48360

Dear Ms. Patterson:

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
4th Floor, Suite 4B
51111 Woodward Avenue
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 #:	AS630357278
Applicant Name:	Pathways to Self Determination, LLC
Applicant Address:	Suite 5 237 N. Old Woodward Ave. Birmingham, MI 48009
Applicant Telephone #:	(248) 723-7152
Administrator/Licensee Designee:	Janet Patterson
Name of Facility:	Eaton Gate Residence
Facility Address:	2440 Eaton Gate Lake Orion, MI 48360
Facility Telephone #:	(248) 723-7152
Application Date:	02/07/2014
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/06/2014	Contact - Document Received Medical Clearance and TB/Janet Patterson.
02/07/2014	Enrollment
02/21/2014	Application Complete/On-site Needed
02/21/2014	Contact - Document Sent Act & Rules.
05/23/2014	Inspection Completed On-site
07/25/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility, Eaton Gate Residence, is located at 2440 Eaton Gate. Lake Orion, Michigan 48360. The facility is situated east of Baldwin Road and north of Waldon Road, in Oakland County. Springhill Housing Corporation is the owner of record for the property and Community Housing Network is the managing agent. Proof of ownership is contained in the facility file.

Eaton Gate Residence is a vinyl sided, brick colonial design home. The home has an unfinished basement, which will not be used for resident activities. The home is in a suburban subdivision consisting of similarly constructed single family dwellings. The home is nicely landscaped and has a fenced back yard. The interior of the home is comfortable, clean and nicely decorated. The home has an attached two car garage and a driveway that provide adequate off street parking for staff and visitors. The home is within a mile of supermarkets, retail stores, places of religious worship, banks, public library, restaurants, and recreational facilities, such as local parks.

The first level consists of a living room, a family room, a dining room, a kitchen, a half bathroom and a staff office. The second level consists of two single occupancy resident bedrooms, two double occupancy resident bedrooms, and two full bathrooms. One of the bathrooms is adjoining Bedroom #4.

The furnace and hot water heater are located in the basement with 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 interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 'x 13'6"	149	1
2	10' x 13'	130	2
3	10' x 10'	100	1
4	12' x 13'6"	162	2

The living and dining room areas measure a total of 332 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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The applicant will also consider for placement individuals who are aged and/or diagnosed with traumatic brain injury. 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 Community Network Services, Training and Treatment Innovations and MORC, Inc.

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 2/6/2014, Pathways to Self-Determination LLC, submitted an application to provide adult foster care services for up to six male and/or female adults, at 2440 Eaton Gate, Lake Orion, Michigan. The proposed client population consists of individuals who are aged and/or diagnosed with mental illness, developmental disability, and traumatic brain injury. The applicant is a "Domestic Limited Liability company", established in Michigan on 3/10/2010. Janet Patterson is the resident agent for Pathways to Self-Determination, LLC. Ms. Patterson is affiliated with Alphacare LLC and Advocates for Self-

Determination LLC. All three entities operate several licensed adult foster care facilities in the state of Michigan.

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 Pathways to Self-Determination L.L.C. has submitted documentation appointing Janet Patterson as Licensee Designee and Administrator for this 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. Janet Patterson has several years of experience working with the client population identified in the program statement and admission policy for this facility. Janet Patterson has served in the capacity of administrator for several licensed adult foster care facilities.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff to six residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledge 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 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, Inc. and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensee designee 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 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 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 acknowledged 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 licensee designee 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 indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The licensee designee 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 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.

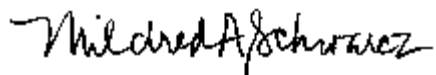
The licensee designee acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 small group home (capacity 1-6).



07/28/2014

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



07/31/2014

Denise Y. Nunn
Area Manager

Date