



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 21, 2014

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

RE: Application #: AS630339657
Saginaw Crisis Center
312 Saginaw
Pontiac, MI 48340

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,

Felicia Townsend, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
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 #: AS630339657

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: Saginaw Crisis Center

Facility Address: 312 Saginaw
Pontiac, MI 48340

Facility Telephone #: (248) 723-7152

Application Date: 04/10/2013

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/10/2013	Enrollment
04/19/2013	Application Incomplete Letter Sent 1326/Janet
04/19/2013	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.
07/10/2013	Application Incomplete Letter Sent
10/04/2013	Contact - Document Received
09/10/2014	Inspection Completed On-site
09/10/2014	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.

Saginaw Crisis Center is located at 312 Saginaw, Pontiac, MI. Nitzia Rodriguez is the owner of record for the property. Proof of ownership and permission to inspect the property is contained in the facility file.

Saginaw Crisis Center is a two story vinyl siding home. The home is located in a residential area of Pontiac, Oakland County, Michigan. The interior layout of the home consists of a living room, kitchen, bedroom, bathroom and office on the main floor. The second floor has four (4) bedrooms and a bathroom. The home does not have a basement.

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

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ.FT.</u>	<u>OCCUPANCY</u>
Bedroom #1	12'3" x 9'4" +9'2'	123.5	1
Bedroom #2	14'2" x 11'3"	159	2
Bedroom #3	13'12" x 9'10"	137.6	1
Bedroom #4	9'3" x 9'12"	92.5	1
Bedroom #5	10'4" x 9'3"	95.5	1
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 14' x 14 and the kitchen is 13'9" x 14. 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.

Saginaw Crisis Center has public water and sewage services. Garbage disposal is provided by the city of Southfield. 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

Saginaw Crisis Center has a fully hardwired smoke detection system installed to meet the requirements of R400.14505. The home has a smoke detector every level of the home and kitchen area and sleeping area. The home also has a fire extinguisher located on every floor.

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 licensee supplied a copy of the report for review at the time of final inspection. The

furnace is located in the attic and the hot water heater is located outside of the home. The water temperature was tested at the final inspection and found to be in compliance with rule R400.14401 (2).

C. Program Description

The licensee 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 and mentally challenged individual and affirm that every individual is a unique and valuable entity. The mission is to maintain the integrity of their consumers by maintaining their physical, mental, social and spiritual well-being, within a safe and healthful environment.

On April 12, 2013 the Department received a license application and application fee from Pathways To Self Determination, LLC with Janet Patterson listed as the Licensee Designee and Administrator to operate a small group AFC facility at the above referenced address in Southfield. The filing endorsement from the Department of Energy, Labor, and Economic Growth has a filing date of March 2010. The applicant is seeking to operate a program for developmentally disabled and mentally ill men and women.

As part of the application process the licensee 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 licensee also submitted personnel policies, routine procedures and job descriptions.

A Record Clearance Request has been processed for Janet Patterson 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. Patterson 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. Janet Patterson, has six licensed adult foster homes in Oakland County that serve the developmentally disabled and mentally ill population.

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.

IV. RECOMMENDATION

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

Felicia Townsend

11/21/2014

Felicia Townsend
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

11/21/2014

Denise Y. Nunn
Area Manager

Date