



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 16, 2014

Amy Sheibar
Work Skills Corporation
100 Summit Street
Brighton, MI 48166

RE: Application #: AS470350791
WSC-Residential, Howell Home
1265 N. Michigan
Howell, MI 48843

Dear Ms. Sheibar:

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 (810) 787-7031.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS470350791
Applicant Name:	Work Skills Corporation
Applicant Address:	100 Summit Street Brighton, MI 48166
Applicant Telephone #:	(734) 709-7784
Administrator/Licensee Designee:	Amy Sheibar
Name of Facility:	WSC-Residential, Howell Home
Facility Address:	1265 N. Michigan Howell, MI 48843
Facility Telephone #:	(810) 227-4868
Application Date:	10/23/2013
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/23/2013	Enrollment
10/28/2013	Contact - Document Sent Rules & Act booklets
11/25/2013	Contact - Telephone call received Female caller wanting to know what the next step for licensing will be. Referred to consultant.
12/03/2013	Application Incomplete Letter Sent
02/19/2014	Contact - Document Received Multiple documents received from applicant.
02/19/2014	Application Complete/On-site Needed
06/23/2014	Inspection Completed On-site
06/23/2014	Inspection Completed-BCAL Sub. Compliance
06/25/2014	Application Incomplete Letter Sent
07/06/2014	Contact – Telephone call received Received phone call from applicant stating they have completed all licensing requirements.
07/15/2014	Inspection Completed-BCAL Full Compliance
07/16/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

WSC-Residential Howell House is a two-story brick home that sits on two acres of land located in a residential area of Howell, MI. There is a two-car garage attached to the facility with concrete floors and room for storage. There is a large covered porch with a wheelchair ramp attached to the rear entrance of the facility. There is a second small porch, with a wheelchair ramp, attached to the front entrance of the facility. The facility has a third wheelchair ramp that leads directly into the attached garage. There is also a large cement patio area located on the south end of the facility, which can be accessed by sidewalks from both the front and rear entrances. The facility has a large cement/brick driveway that provides ample parking space for staff and visitors.

The main level of the home consists of a small foyer, living room, dining room, kitchen, laundry room, staff office, small library/sitting area, one half bath, and six resident

bedrooms. Each resident bedroom has an attached personal full bath. The facility has five total exits from the main level. Three exits lead directly to the back porch/wheelchair ramp, one to the front porch/wheelchair ramp and one through the garage.

The second level consists of two bedrooms, one full bathroom and a furnace room. Residents will not have access to this level of the facility.

The basement level consists of two storage rooms and a furnace room. Residents will not have access to this level of the facility.

The facility is equipped with two furnaces and one hot water heater, located in the basement and second story of the facility. Floor separation for residents from each furnace room is provided by a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas. The entire facility is also equipped with a sprinkler fire suppression system, with each sprinkler head acting as a heat detector.

The resident bedrooms and all living areas measured as follows:

Living Room	361 square feet	
Dining Room	189 square feet	
Bedroom #1	12' x 13' = 156 square feet	1 resident
Bedroom #2	13' 3" x 14' 8" = 194 square feet	1 resident
Bedroom #3	23' 2" x 14' = 324 square feet	1 resident
Bedroom #4	14' 1" x 9' 9" + 7' 2" x 12' 11" = 230 square feet	1 resident
Bedroom #5	11' 1" x 12' + 4' 11" x 12' = 192 square feet	1 resident
Bedroom #6	13' x 19' 8" = 256 square feet	1 resident

The facility has a public water supply and public sewage disposal system that are provided by the city of Howell.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents 18 years of age and older, who is traumatic brain injured. The facility will offer a range of neuro-rehabilitation and neurobehavioral rehabilitation. These programs will provide therapeutic environments and functional based treatment designed for the individual needs of our residents and families, all within a comfortable home environment. The facility has a video surveillance system installed in hallways and common areas.

Work Skills Corporation is the applicant/licensee of the facility and has appointed Amy Sheibar as the facility's licensee designee and administrator. A criminal history background check was completed for Ms. Sheibar. She has been determined to be of good moral character. Ms. Sheibar submitted statements from a physician documenting her good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 2 direct care staff on-site for six (6) residents during waking hours and 1 direct care staff during sleeping hours. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

As the licensee designee, Amy Sheibar has a Master of Science in Clinical Behavioral Psychology. She has 11 years' experience as a behavioral psychologist, 1 ½ years' experience as an admissions coordinator for a traumatic brain injured (TBI) program

and is a certified brain injury specialist. Ms. Sheibar is also a Crisis Prevention Intervention (CPI) instructor. Ms. Sheibar reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home with a capacity of six (6) residents.



7/16/14

Christopher Holvey
Licensing Consultant

Date

Approved By:



7/18/14

Mary E Holton
Area Manager

Date