

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER DIRECTOR

July 16, 2015

Gladys Sledge Packard Group Inc P.O. Box 2066 Southfield, MI 48037

> RE: Application #: AS630367512 Woodward Group Home 2563 Lahser Road Bloomfield Hills, MI 48304

Dear Ms. Sledge:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

Mildred ASchwarz

Mildred Schwarcz, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 860-3967

enclosure

#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS LICENSING STUDY REPORT

# I. IDENTIFYING INFORMATION

License #:	AS630367512	
Applicant Name:	Packard Group Inc	
Applicant Address:	Suite 303	
	731 Pallister Street	
	Detroit, MI 48202	
Applicant Telephone #:	(248) 626-3837	
Administrator/Licensee Designee:	Gladys Sledge	
Name of Facility:	Woodward Group Home	
Facility Address:	2563 Lahser Road	
	Bloomfield Hills, MI 48304	
Feelite Televisere #	(0.40) 000 4474	
Facility Telephone #:	(248) 332-1171	
Application Data:	10/13/2014	
Application Date:	10/13/2014	
Capacity:	6	
Program Type:	DEVELOPMENTALLY DISABLED	
	PHYSICALLY HANDICAPPED	

# II. METHODOLOGY

10/13/2014	Enrollment	
10/21/2014	Application Incomplete Letter Sent Fingerprinting and 1326/Gladys Sledge.	
10/21/2014	Contact - Document Sent Act & Rules.	
10/30/2014	Contact - Document Received Gladys Sledge requesting Facility Name change from Bloomfield Home to Woodward Group Home.	
12/23/2014	Application Complete/On-site Needed	
12/23/2014	File Transferred To Field Office Pontiac.	
01/05/2015	Application Incomplete Letter Sent Requesting additional documents required prior to initial on-site inspection.	
01/12/2015	Inspection Completed On-site	
01/12/2015	Inspection Completed-BCAL Sub. Compliance	
05/06/2015	Inspection Completed On-site Second on-site to verify corrections.	
07/14/2015	Exit Conference With licensee designee.	
07/14/2015	Inspection Completed-BCAL Full Compliance	

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Woodward Group Home is a single story brick structure with vinyl siding. It is located on Lahser Road, south of Square Lake Road, in Bloomfield Hills. The home has an unfinished full basement and it has an attached two car garage. The yard is nicely landscaped. There is a concrete circular driveway as well as a concrete sidewalk connecting the south side of the home to the rear porch area. The home is situated in a residential neighborhood with similar style single family dwellings. It is close to public

schools, public library, a hospital, restaurants, shopping centers, grocery and places of worship.

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 an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

The facility consists of three double occupancy resident bedrooms, a full bathroom with a shower, a full bathroom with a tub, a laundry room, a living room, a family room, a kitchen, a dining room and a staff office. This home is wheelchair accessible.

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 16'6"	182	2
2	17' x 11'	187	2
3	11' x 17'	187	2

The living and family sitting room areas measure a total of 435 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

# **B.** Program Description

On 10/13/2014, Packard Group Inc. submitted an application for a license to provide adult foster care services for up to six adults at 2563 Lahser, Bloomfield Hills, Michigan. This application is essentially a change in licensee since the home had been licensed as an adult foster care small group home, AS630012585, and operated by Oakland Community Alternatives, Inc. There are currently five residents in the home. These are individuals who had been residing in the home prior to Packard Group Inc assuming the operation of the facility.

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Packard Group Inc intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, in the least restrictive environment possible. 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 Macomb Oakland Regional Center Inc (MORC).

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

The applicant is Packard Group, Inc., which is a "Non Profit Corporation" established in Michigan on 9/9/1987. The licensee cant 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.

Packard Group Inc currently operates four licensed adult foster care small group homes in Oakland County, Michigan.

The Board of Directors of Packard Group Inc has submitted documentation appointing Gladys Sledge as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Sledge. A medical clearance request was submitted with a statement from a physician documenting the good health and current TB-tine negative results for Ms. Sledge.

Ms. Sledge provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules for licensee and administrator. Ms. Sledge graduated from Pontiac Central High School, obtained a Bachelor of Science degree at Oakland University, and completed her Master in Social Work at University of Michigan. Ms. Sledge has extensive experience as a social worker and this includes school social work with the Detroit Public Schools, case management at Wayne Center and substance abuse counseling. Ms. Sledge has served in the capacity of licensee designee and administrator for over 20 years and has been previously qualified as a group home administrator.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff to six residents during the second shift and the third shift. All the residents currently attend a community-based day program. All staff shall be awake during sleeping hours.

The licensee acknowledged 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), L-1 Identity Solutions<sup>™</sup> (formerly Identix ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensee 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 has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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

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

The licensee 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 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 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 licensee 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).

Mildred Afschuracz

07/16/2015

Mildred A. Schwarcz Licensing Consultant

Date

Approved By:

Denie Y. Murn

07/16/2015

Denise Y. Nunn Area Manager Date