



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

November 2, 2015

John Grawey, Jr.
Freedom Adult Foster Care Corp.
PO Box 1588
Clarkston, MI 48347

RE: Application #: AS630378214
County Line Home
12202 County Line Road
Ortonville, MI 48462

Dear Mr. Grawey, Jr.:

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,

A handwritten signature in black ink that reads "Mildred A. Schwarcz".

Mildred A. 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 #:	AS630378214
Applicant Name:	Freedom Adult Foster Care Corp.
Applicant Address:	3990 Bird Road Clarkston, MI 48348
Applicant Telephone #:	(248) 625-7923
Administrator/Licensee Designee:	John Grawey, Jr.
Name of Facility:	County Line Home
Facility Address:	12202 County Line Road Ortonville, MI 48462
Facility Telephone #:	(248) 625-7923
Application Date:	06/15/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/15/2015	Enrollment
06/24/2015	Inspection Report Requested - Health 1024461.
06/24/2015	Application Incomplete Letter Sent Environmental Health Inspection.
06/24/2015	Application Complete/On-site Needed
06/24/2015	File Transferred To Field Office Pontiac.
06/24/2015	Contact - Document Sent Act & Rules.
06/26/2015	Contact - Document Received Licensing file received from Central office
07/23/2015	Application Incomplete Letter Sent Letter requesting additional information prior to initial onsite inspection.
08/05/2015	Inspection Completed-Environmental Health: A
10/01/2015	Inspection Completed On-site
10/19/2015	Inspection Completed-BCAL Sub. Compliance
10/29/2015	Inspection Completed-BCAL Full Compliance
10/29/2015	Exit Conference With licensee designee.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

County Line Home is located at 12202 County Line Road, Ortonville, Michigan 48462. The home is situated to the east of M-15 and north of Oakwood Road in Oakland County, Michigan.

County Line Road LLC is the owner of record for the property. Proof of ownership is contained in the facility file.

County Line Home is an aluminum sided ranch style home with an unfinished walk out lower level. The home is in a semi-rural residential neighborhood, with similar style single family dwellings. The home has a two car attached garage and the front yard contains adequate of street parking for staff and visitors. The home is wheelchair accessible.

The main entrance opens into a family room and immediately to the left is the kitchen area. To the right of the foyer are four resident bedrooms and a full bathroom with both a shower and a tub. On the other side of the family room are the living room and the dining room. There is a staff office in the southeast corner of the home. The main level also contains the laundry room and a half bathroom.

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 back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'5" x 12'5"	142	1
2	11'5" x 14'	160	2
3	11'5" x 13'8"	156	2
4	11'5" x 12'	137	1

The living and dining room areas measure a total of 324 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility has the required square footage to accommodate up to six (6) residents.

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. Freedom Adult Foster Care, Corp. intends to provide 24 hour supervision, protection and personal care to **six** (6) male or female ambulatory and 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.

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

On 6/15/2015, Freedom Adult Foster Care, Corp. submitted an application for a license to provide adult foster care services for up to six (6) developmentally disabled adults at 12202 County Line Road, Ortonville, Michigan 48462. County Line Home will house the individuals who are currently residing at Auburn Road House, AS630012272. The license for Auburn Road House will be closed once all the residents have been relocated.

Freedom Adult Foster Care, Corp. is a "Non Profit Corporation" established in Michigan on 02/11/1977. 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 Freedom Adult Foster Care, Corp. has submitted documentation appointing John Grawey, Jr. as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. Mr. Grawey 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. Mr. Grawey submitted documentation showing that he has over 25 years of experience working with the developmentally disabled population, ranging from direct care work to supervision and management. Mr. Grawey has been qualified as licensee designee/administrator for the licensed facilities operated by Freedom Adult Foster Care, Corp. Currently, there are two small group homes in Macomb County and four small group homes in Oakland County. Mr. Grawey has completed all required training for a licensee designee and 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 per shift. All staff shall be awake during sleeping hours.

The licensee designee/administrator 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 staff to resident ratio.

The licensee designee/administrator 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), IdentoGo by MorphoTrust USA™ and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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

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

The licensee designee/administrator 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 home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee/administrator 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.

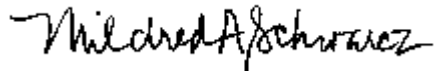
The licensee designee/administrator acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 care small group home (capacity 1-6).

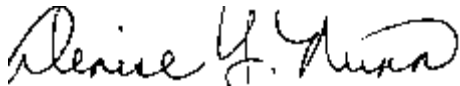


10/30/2015

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



11/02/2015

Denise Y. Nunn
Area Manager

Date