



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 19, 2016

Cheryl LaMar  
Home Suite Home for Seniors, LLC  
P.O. Box 2213  
Belleville, MI 48112

RE: Application #: AS820379767  
Home Suite Home For Seniors,II, LLC  
30494 Olmstead  
Flat Rock, MI 48134

Dear Ms. LaMar:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure



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

**I. IDENTIFYING INFORMATION**

**License #:** AS820379767

**Applicant Name:** Home Suite Home for Seniors, LLC

**Applicant Address:** P.O. Box 2213  
Belleville, MI 48112

**Applicant Telephone #:** (734) 708-8058

**Administrator/Licensee Designee:** Cheryl LaMar, Designee

**Name of Facility:** Home Suite Home For Seniors,II, LLC

**Facility Address:** 30494 Olmstead  
Flat Rock, MI 48134

**Facility Telephone #:** (734) 236-4907

**Application Date:** 09/29/2015

**Capacity:** 6

**Program Type:** AGED

## II. METHODOLOGY

09/29/2015	Enrollment
09/29/2015	Contact - Document Received for Cheryl LaMar: 1326 record clearance request ,3704 medical clearance request, letter from Olmstead Properties.
09/30/2015	Contact - Document Sent Rules and Act sent
09/30/2015	File Transferred To Field Office Detroit/Wayne
10/07/2015	Application Incomplete Letter Sent
11/17/2015	Contact - Document Received Received policies and procedures.
12/16/2015	Contact - Telephone call made Left a message for Ms. LaMar requesting a return call regarding the incomplete policies and procedures and other required documents.
01/14/2016	Contact - Telephone call made Left message for Ms. LaMar requesting a return call.
01/19/2016	Contact - Telephone call made Spoke with Ms. Lamar regarding the required documentation and policies and procedures still needed to move forward. Ms. LaMar reported she would work on them and submit them ASAP.
02/16/2016	Contact - Telephone call made Left a message with Ms. LaMar regarding the status of the application and requested documents.
02/29/2016	Contact - Telephone call made Spoke with Ms. LaMar regarding the required policy and procedures and financial documents that were still needed for review. Ms. LaMar apologized for the delay and reported she is working on obtaining the required documents.
03/29/2016	Contact - Telephone call made Spoke with Ms. LaMar regarding the required documents not yet received. Ms. LaMar reported her mother had just passed and requested additional time to submit the documents.
04/12/2016	Contact - Telephone call made Spoke with Ms. LaMar and informed her she had until 04/22/2016

to submit the required paperwork or discipline action would occur. Ms. LaMar assured me the requested documentation would be in the office by 04/22/16.

04/22/2016	Contact - Document Received Ms. LaMar dropped off requested documents to the Detroit Field Office as requested.
05/04/2016	Contact - Telephone call made Spoke with Ms. LaMar regarding policy and procedures that were still required for consultant review.
06/06/2016	Contact - Telephone call made Informed Ms. LaMar that all of the required training and an updated physical was still needed.
06/16/2016	Contact - Telephone call made On-site inspection scheduled for 06/30/16. Ms. LaMar reported she would have all of the requested information at the home.
06/28/2016	Contact - Telephone call received Ms. LaMar cancelled the inspection scheduled for 06/30/2016 due to an emergency that arose. Inspection rescheduled for 07/11/16.
07/08/2016	Application Complete/On-site Needed
07/11/2016	Inspection Completed-BCAL Sub. Compliance
07/12/2016	Contact- Document Sent Confirming Letter sent
08/01/2016	Contact-Telephone call received Ms. LaMar called and stated the violations noted in the confirming letter will be corrected by 08/05/16. Final inspection scheduled for 08/08/16
08/04/2016	Contact-Telephone call received Ms. LaMar called requesting that the onsite is rescheduled
08/23/2016	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

## A. Physical Description of Facility

The home is located in a residential area in the downriver community of Flatrock. The home is a single structure with an attached two-car garage that was converted into an office/storage room. It is a dark brown, all brick ranch-style home that does not have a basement. The home has a paved driveway with additional parking spaces on the northwest side of the home. The home consists of five bedrooms, two full bathrooms, and a large kitchen. The living, dining, and sitting areas are spacious and measured a total of 789 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. At the present the home cannot accommodate wheelchairs.

The furnace and hot water heater are located on the first floor and is enclosed in a room equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery a backup, 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	10.11x15.6	169 sq. ft.	2
2	17.2 x 10.9	185 sq. ft.	2
3	17.3 x10.9	185 sq. ft.	2
4	15.7x10.9	167 sq. .ft.	2
5	12 x11.10	142 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate **six (6) residents. Although all of the bedrooms can accommodate 2 beds, it is the licensee's responsibility not to exceed the facility's licensed capacity.**

## 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) female ambulatory aged adults, 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.

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. Rule/Statutory Violations**

The applicant is Home Suite Home for Seniors, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/06 /2010. 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 Home Suite Home for Seniors, L.L.C. has submitted documentation appointing Cheryl LaMar as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 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](http://www.miltcpartnership.org)), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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 licensee designee 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 and accident involving a resident, employee, and/or visitor.

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

The licensee designee 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 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 licensee designee 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/licensee designee 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).



Pandrea Robinson  
Licensing Consultant

08/31/2016  
Date

Approved By:



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Ardra Hunter  
Area Manager

09/19/2016  
Date