



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 17, 2016

Senedu Sherrod  
Freedom Villa, Incorporation  
P.O. Box 7662  
Bloomfield Hills, MI 48302

RE: Application #: AS630377897  
Olmstead Home  
4075 Olmstead Drive  
Waterford, MI 48329

Dear Mrs. Sherrod:

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 5 is issued.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 blue ink that reads "John P. Pochas".

John Pochas, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3822

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630377897

**Applicant Name:** Freedom Villa, Incorporation

**Applicant Address:** 200 S. Cass Lake Rd.  
Waterford, MI 48328

**Applicant Telephone #:** (248) 494-0447

**Administrator/Licensee Designee:** Faines Majamanda, Administrator  
Senedu Sherrod, Designee

**Name of Facility:** Olmstead Home

**Facility Address:** 4075 Olmstead Drive  
Waterford, MI 48329

**Facility Telephone #:** (248) 599-7129

**Application Date:** 05/15/2015

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

05/15/2015	Enrollment
06/03/2015	Application Incomplete Letter Sent FP and 1326 / Senedu.
06/03/2015	Contact - Document Sent Act & Rules.
10/20/2015	Contact - Telephone call received Senedu VM regarding fingerprints.
10/20/2015	Application Complete/On-site Needed
10/20/2015	File Transferred To Field Office Pontiac.
10/23/2015	Contact - Document Received Licensing file received from Central office
02/08/2016	Inspection Completed-BCAL Sub. Compliance
02/11/2016	Application Incomplete Letter Sent
05/04/2016	Contact - Telephone call made Message left regarding lack of response
05/04/2016	Contact - Telephone call received Applicant stated that there was a delay due to contractors; still intends to pursue licensure.
08/31/2016	Application Incomplete Letter Sent
09/22/2016	Inspection Completed On-site
09/26/2016	Inspection Completed-BCAL Full Compliance
09/30/2016	Contact – Document Received Furnace and smoke alarm inspections
10/17/2016	Contact – Document Received Basement Door
10/17/2016	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.

#### A. Physical Description of Facility

##### 1) Environmental Conditions

Olmstead Home is located at 4075 Olmstead Drive, Waterford, Michigan 48329. The home is situated to the east of Shashabaw Road and north of W. Walton Boulevard, in Oakland County, Michigan. Raymond and Senedu Sherrod are joint owners of record for the property. Proof of ownership is contained in the facility file.

Olmstead Home is an aluminum sided colonial with a full basement. The home is in a suburban area of similarly constructed homes. The home has a two car attached garage and fenced back yard. The home is landscaped. The interior of the home is comfortable, clean, and nicely decorated.

The main entrance opens into a small foyer area with a kitchen to the left and a dining room and living room adjacent to it. A half full bath is off of the hallway on the first floor. Three bedrooms are located on the second floor which also contains one full bath and a bedroom with a half bathroom. A gas-fired furnace is located in the basement, which also contains the washer and dryer. Floor separation is provided with a fire rated metal door with self-closing device.

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

<b><u>BEDROOM</u></b>	<b><u>DIMENSIONS</u></b>	<b><u>SQ. FOOTAGE</u></b>	<b><u>OCCUPANCY</u></b>
Bedroom # 1	12' x 11'	132	2
Bedroom # 2	11' x 10'	110	1
Bedroom # 3	15'3" x 13'6"	195	2
<b>Total Occupancy:</b>			<b>5</b>

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 5 adults, and not 6 as requested in the application.

The living space for the home was measured and is listed below:

The home has a large living room that measures 12' x 13'6" a dining area that measures 13' x 12', and a kitchen that measures 10' x 10'. 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 five (5) residents of the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. 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. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Olmstead Home has public water and sewage services. Garbage disposal is supplied through the City of Waterford. The kitchen and bathroom areas were evaluated, and were 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 home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R400.14401 (2). The home also met the minimum requirements regarding food service (R400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located in a separate room on the second floor. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

## **2. Fire Safety**

The licensee installed a fully integrated hard wired smoke detection system to meet the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has smoke detectors in the furnace and kitchen areas. The home also has fire extinguishers located on the main floor and basement, which meet the requirements of R400.14506. The home has more than two means of egress from the main floor and the exit doors all meet the requirements of rules R400.14507 and R400.14509. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have

conforming hardware. The bedrooms of the home also have the proper means of egress as required by R400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R400.14503, and R400.14504.

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 the final inspection. The furnace and the gas hot water heater are located in the basement level. The licensee was advised that water temperature should be monitored on a regular basis. The water temperature was tested at the final inspection and found to be in compliance with the rule R 400.14401(2). I also found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Waterford. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensee has indicated that it is the licensee's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

## **Program Description**

### **1) Program Statement**

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 offer a program and services for male and female adults with Developmental Disabilities and Mental Illness. According to the program statement, the goal of the program is to make available "Personal Adjustment Services and "Behavioral Management Programs" for individuals in need. Self care, social education, personal adjustment programs to enhance independence and self sufficiency will by provided. All transportation will be provided to facilitate that residents assessment plan requirements.

## **2) Required Information**

On 05/19/15, the Department received a license application and application fee from Mrs. Senedu Sherrod, acting on behalf of Freedom Villa Inc., to operate a small group AFC facility at the above referenced address in Waterford, Michigan. The filing endorsement from the Department of Labor and Economic growth has a filing date of October 31st, 2008. 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, discharge policies for the Olmstead Home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The administrative structure for Freedom Villa Inc. is as follows:

Executive Director:	Senedu Sherrod
Administrative Director:	Faines Majamanda
Financial director:	Olayemi Sanni
Maintenance:	Gordi Drew

A Records Clearance Request has been processed for Ms. Senedu Sherrod and Majamanda Faines. Based upon the information from the Record Clearance Report, I find that they are of good moral character, sound judgment, and suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Faines and Senedu Sherrod is contained in the record. The form indicates that they are in good physical and emotional health, and there is no reason why they should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file with the Department. The licensing file also contains a written statement from Freedom Villa Inc. naming Senedu Sherrod as the licensee designee.

As referenced above, Mrs. Senedu submitted, on behalf of Freedom Villa Inc., financial information as part of the new application process. The applicant submitted a current balance sheet as well as a projected budget. Based on the information presented, I have determined that the applicant corporation has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

## **3) Qualifications and Competencies**

The licensee designee, Ms. Senedu Sherrod, has a Bachelor of Arts degree in Psychology from Ramapo College of New Jersey and has training in all required areas,

including First Aid and CPR. Ms. Sherrod has successfully operated another AFC home for the past seven years (Cass Lake Home/AS630299536). Based on personal contact and materials submitted I conclude that Mrs. Senedu has demonstrated her competency as required by the rule R400.14201.

At the time of the final inspection, Mrs. Sherrod indicated that there were no changes to report in information previously submitted in this application for a license. The licensee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is his intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Senedu Sherrod is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee Designee.

As required by the rule R400.14202, the home has a designated administrator. Ms. Faines Majmanda will act as administrator for Olmstead Home. Based on the information submitted and information reviewed in the home at the time of the final inspection, Ms. Faines Majmanda meets the requirements of the rules and is qualified based on his background and training to act as administrator for Olmstead Home.

The licensee understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review, and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R400.14206.

Individuals, who are interested in placement into the Olmstead Home, should contact Ms. Senedu at the facility. The licensee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current



residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

#### **4) Facility and Employee Records**

I have reviewed Freedom Villa Inc.'s personnel policies and I have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Olmstead Home were reviewed and were submitted to the department. They are acceptable as written. I have also discussed with the licensee the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the licensee (R400.14734a). I have reviewed the process that the corporation follows and find it meets the intent of the administrative rules. The licensee is well aware of the requirements for employee records based on previous experience in Adult Foster Care.

##### **a) Facility Records in General (Rule R400.14209)**

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with the licensee and the licensee indicates that it is the intent of the licensee to comply with this requirement. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant/home administrator understands the requirements set forth in rule R400.14313; and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Sennedu has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The licensee was also advised that a licensed physician must order any special diets implemented in the home.

##### **b) Employee Records (rules R400.14204 and R400.14208)**

The licensee and administrator were made aware of the requirements for staff qualifications and training and intend to comply with the rules. The licensee understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. The licensee will also verify age and checks references before a person is offered employment. The licensee provides an orientation and training of its own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be

maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the administrator/licensee designee understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

## **5) Resident Care, Services, and Records**

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the Licensee. The Licensee has indicated that it is the corporation's intent to comply with these requirements. During the course of the pre-licensing investigation, I advised the licensee designee and administrator of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The licensee attests that it is the intent of the corporation to achieve and maintain compliance with these requirements.

Also discussed, were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The licensee has again indicated that it is their intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator/licensee designee at the time of the final inspection. The licensee was provided with copies of the Department forms Resident Funds and Valuables Parts II & I. The licensee is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

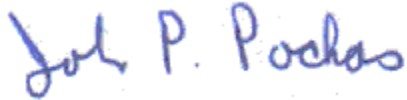
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The licensee designee is aware of the requirements of rules R400.14318 and R400.14319, and assures me that the licensee will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).



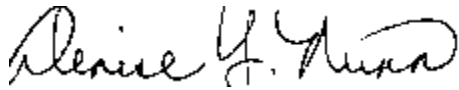
10/17/2016

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John Pochas  
Licensing Consultant

Date

Approved By:



10/17/2016

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Denise Y. Nunn  
Area Manager

Date