



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 18, 2016

Holly Purdy  
8440 Lance Court  
Brighton, MI 48116

RE: Application #: AS470385116  
Blue Heron Pond  
10638 Rushton  
South Lyon, MI 48178

Dear Ms. Purdy:

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 "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS470385116
<b>Licensee Name:</b>	Holly Purdy
<b>Licensee Address:</b>	8440 Lance Court Brighton, MI 48116
<b>Licensee Telephone #:</b>	(734) 660-4679
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Blue Heron Pond
<b>Facility Address:</b>	10638 Rushton South Lyon, MI 48178
<b>Facility Telephone #:</b>	(734) 660-4679 10/02/2016
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

09/06/2016	Contact - Document Received FP's for Holly
10/02/2016	On-Line Enrollment
10/04/2016	Contact - Document Sent Rule & Act booklets
10/04/2016	Inspection Report Requested - Health Inv. #1026185
10/04/2016	Application Incomplete Letter Sent Rec cl, FP's, Livescan request for Holly (app/admin)
10/11/2016	Contact - Document Received Rec cl for Holly (LD & Admin)
10/17/2016	Lic. Unit file referred for criminal history review Holly - Self-conf
10/25/2016	Application Incomplete Letter Sent
11/09/2016	Inspection Completed On-site
11/09/2016	Application Complete/On-site Needed
11/15/2016	Inspection Completed-Env. Health : A
11/16/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Blue Heron Pond home is located in a rural area in South Lyon. The home is a single story structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, 1.1 full bathrooms and six bedrooms.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

The home has private water and sewer and the Livingston County Health Department recommended full approval on 11/15/16.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living space– 400 sq. ft.

### Resident bedrooms

Bedrooms 1-6 all measure 92 sq. ft. (1 resident each)

The applicant has requested a license for 6 residents, and based on the above information can accommodate 6 residents.

## **B. Program Description**

### **1. Population to be Served & Admission Criteria**

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 private sources.

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, or the responsible person.

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.

### **2. Applicant and Household**

#### **Individual Applicant/Partnership**

Holly Purdy is the applicant.

The applicant does live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

### **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

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

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

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

### **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

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.

The applicant 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 applicant agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements

First Aid

Cardiopulmonary resuscitation

Personal care, supervision, and protection

Resident rights

Safety and fire prevention

Prevention and containment pf communicable disease

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.

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

## **5. Records & Record Keeping**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 and accident involving a resident, employee, and/or visitor.

The applicant 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 applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

### **C. Rule/Statutory Violations**

There are no rule/statutory violations.

### **RECOMMENDATION**

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for Aged, Physically Handicapped, and Alzheimer's residents. The term of the license will be for a six-month period effective 11/18/16.



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 11/16/16

Approved By:



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Ardra Hunter  
Area Manager

Date: 11/18/16