



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 20, 2016

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: Application #: AS630384567
Hollow Lake Home
10658 Big Lake Road
Davisburg, MI 48350

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,

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 #: AS630384567

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: Hollow Lake Home

Facility Address: 10658 Big Lake Road
Davisburg, MI 48350

Facility Telephone #: (313) 872-7826

Application Date: 08/23/2016

Capacity: 6

Program Type: AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/27/2016	Inspection Completed-Env. Health: A See AS6300127251
08/23/2016	Enrollment Online enrollment
08/25/2016	Contact - Document Sent Rule & Act booklets
08/29/2016	Contact - Document Received Licensing file received from Central office
08/31/2016	Application Incomplete Letter Sent
10/01/2016	Application Complete/On-site Needed
10/14/2016	Inspection Completed-BCAL Full Compliance
11/09/2016	Contact - Document Received Admission/Discharge policies
12/19/2016	LSR Generated
12/19/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

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.

B. Program Description

1) Environmental Conditions

Hollow Lake Home is located at 10658 Big Lake Road, Davisburg, Michigan 48350. The home is situated to the south of Andersonville Road on Big Lake Road., in Oakland County, Michigan. Community Housing Network, Inc. is the owner of record for the property. Proof of ownership is contained in the facility file.

Hollow Lake Home is aluminum and brick sided ranch with a full basement. The home is in a rural 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 living room and TV room to the left and a dining room and kitchen adjacent to them. Two full baths are located in middle of bedroom hall way. Four (4) bedrooms are located to the left of the main foyer area. A gas-fired furnace is located in the basement. The washer and dryer is contained in a separate room off of the kitchen. 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:

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ. FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom # 1 (NE)	14'10 x 10'11"	142	2
Bedroom # 2 (NW)	14'10 x 10'11"	142	2
Bedroom # 3 (SW)	15'5" x 10'10"	156	2
Total Occupancy:			6

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 6 adults, as requested in the application.

The living space for the home was measured and is listed as follows: The home has a large living room that measures 23' x 13'6" a dining area that measures 16' x 10', and a kitchen that measures 10' x 15'. 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 six (6) 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.

Hollow Home has private water and sewage services. Garbage disposal is supplied through the City of Davisburg. 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 off the kitchen area. 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 Davisburg. 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 elderly male and female adults with Developmental Disabilities. According to the program statement, "the group home will offer to each resident a highly individualized learning and living environment within a structured daily routine and family-oriented home setting". Self care, social education, personal adjustment programs to enhance independence and self sufficiency will be provided. All transportation will be provided to facilitate that residents assessment plan requirements.

2) Required Information

On 08/25/16, the Department received a license application and application fee from Mrs. Gladys Sledge, acting on behalf of Packard Group Inc., to operate a small group AFC facility at the above referenced address in Davisburg, Michigan. The filing endorsement from the Department of Labor and Economic growth has a filing date of September 9, 1987. 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 Hollow Lake 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 the Packard Group Inc. is as follows:

Board President:	William Carter
Board Member:	Delores Beasley
Administrative Director:	Gladys Sledge, MSW

A Records Clearance Request has been processed for Mrs. Gladys Sledge. 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 Mrs. Gladys Sledge is contained in the

record. The form indicates that she is in good physical and emotional health, and there is no reason why she 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 the Packard Group Inc. naming Mrs. Sledge as the licensee designee.

As referenced above, Mrs. Sledge 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, Mrs. Gladys Sledge, has a Bachelor of Science degree in from Oakland University and a MSW from University of Michigan and has training in all required areas, including First Aid and CPR. Mrs. Gladys Sledge operates over 10 other AFC homes in Wayne and Oakland Counties. (Seymour Lake/AS630012758, Foxmoor Lane/AS630271172, Timber Ridge/AS630292695 and Woodward Home/AS630367512 in Oakland County). Based on personal contact and materials submitted I conclude that Mrs. Sledge has demonstrated her competency as required by the rule R400.14201.

At the time of the final inspection, Mrs. Sledge 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 Mrs. Gladys Sledge 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. Mrs. Gladys Sledge will act as administrator for Hollow Lake. Based on the information submitted and information reviewed in the home at the time of the final inspection, Mrs. Gladys Sledge meets the requirements of the rules and is qualified based on her background and training to act as administrator for Hallow Lake 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 Hollow Lake, should contact Mrs. Sledge 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 Packard Group Inc.'s personnel policies and I have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Hollow Lake 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. Mrs. Sledge 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.

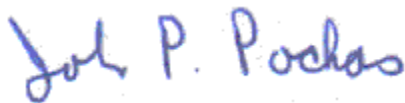
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

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 1-6).




12/20/2016

John Pochas
Licensing Consultant

Date

Approved By:



12/20/2016

Denise Y. Nunn
Area Manager

Date