



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 22, 2016

Jennifer Bhaskaran
Alternative Services Inc.
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: Application #: AS440384737
Woodlawn
2133 South Lapeer Road
Lapeer, MI 48446

Dear Ms. Bhaskaran:

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 and special certification 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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kent W Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS440384737

Applicant Name: Alternative Services Inc.

Applicant Address: Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

Applicant Telephone #: (248) 471-4880

Licensee Designee: Jennifer Bhaskaran

Name of Facility: Woodlawn

Facility Address: 2133 South Lapeer Road
Lapeer, MI 48446

Facility Telephone #: (248) 471-4880

Application Date: 09/02/2016

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/02/2016	Enrollment
09/02/2016	Contact - Document Received 1326's for Jennifer Bhaskaran & Amber Harris
09/02/2016	SC-Application Received - Original
09/08/2016	Contact - Document Received rules and act sent
09/08/2016	Application Incomplete Letter Sent need BCAL-1326 for J.Bhaskaran and A.Harris
09/08/2016	Inspection Report Requested - Health INv.1026154
09/20/2016	File Transferred To Field Office Flint
10/12/2016	Application Incomplete Letter Sent
10/12/2016	SC-ORR Response Requested
10/12/2016	SC-ORR Response Received-Approval
11/01/2016	Application Complete/On-site Needed
11/15/2016	Inspection completed- Env. Health: A
12/20/2016	Inspection Completed On-site
12/20/2016	SC-Inspection Completed On-Site
12/20/2016	SC-Inspection Full Compliance
12/20/2016	Inspection Completed-BCAL Full Compliance
12/20/2016	Exit Conference
12/21/2016	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story ranch style home located near Lapeer, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is wheel chair accessible and has two means of egress opening to the ground level.

The hot water heater and furnace are located in the garage and are housed in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	17'X16' 1/4"	276 1/4 sq. ft.	2
Bedroom #2	14'X13'	182 sq. ft.	1
Bedroom #3	18'X14'	252 sq. ft.	2
Bedroom #4	14'X14'	196 sq. ft.	1
Total Capacity = 6 residents			

The living, dining, and sitting room areas measure a total of 1344 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee designee'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 licensee designee intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, traumatic brain injury or aged 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 designee 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

The applicant is Alternative Services Inc. The licensee 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 Licensee Designee for this facility is Jennifer Bhaskaran. Ms. Bhaskaran is the licensee designee for numerous adult foster care licenses and has the required experience and qualifications to be the Licensee Designee. The administrator for this facility is Amber Harris and Ms. Harris has submitted documentation that she has the experience and qualifications required to be the administrator.

A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee or 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 has 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), L-1 Identity Solutions™ (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 designee, can administer medication to residents. In addition, the licensee designee 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 licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, 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 licensee designee 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 licensee designee 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 licensee designee 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 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 and special certification to this AFC adult small group home (capacity 6).



12/22/2016

Kent W Gieselman
Licensing Consultant

Date

Approved By:



12/22/2016

Jerry Hendrick
Area Manager

Date