



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 24, 2017

Stephanie Hildebrant
Wood Care V, Inc.
910 S. Washington
Royal Oak, MI 48067

RE: Application #: AL470378848
Degas House Inn
1014 E. Grand River Ave.
Brighton, MI 48116

Dear Mrs. Hildebrant:

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 20 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 "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL470378848
Applicant Name:	Wood Care V, Inc.
Applicant Address:	910 S. Washington Royal Oak, MI 48067
Applicant Telephone #:	(248) 543-7300
Administrator/Licensee Designee:	Stephanie Hildebrant
Name of Facility:	Degas House Inn
Facility Address:	1014 E. Grand River Ave. Brighton, MI 48116
Facility Telephone #:	(810) 220-5222 07/28/2015
Application Date:	
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

07/28/2015	Enrollment
08/05/2015	Inspection Report Requested - Health Inv. #1024583
08/05/2015	Inspection Report Requested - Fire
08/05/2015	Contact - Document Sent Fire Safety String
08/05/2015	Contact - Document Sent Rules & Act booklets
08/05/2015	Application Incomplete Letter Sent Rec cl for Stephanie
07/28/2016	Contact - Document Received Rec cl for Stephanie (LD & Admin)
08/10/2016	Application Incomplete Letter Sent
12/09/2016	On-site inspection completed. Resident bedroom windows not assessed to make certain they are easily openable according to rule 400.15408 (7). Will complete another on-site inspection.
12/14/2016	Inspection Completed – BCHS Full Compliance Resident bedroom windows assessed and are in compliance according to rule 400/15408 (7).
12/14/2016	Inspection Completed – Env. Health: A
01/17/017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Degas House Inn adult foster care large group home/facility is located in a residential area in Brighton, MI. It is a single story structure with 18 bedrooms which can accommodate a maximum capacity of 20 residents. There are five types of bedrooms within this facility, Buttercup, Chrysanthemum, Foxglove, Rose, and Hosta each with different floor plans. The Hosta bedroom is semi-private room, all other listed bedrooms are private rooms. The smallest bedroom, Chrysanthemum, has approximately 213 usable square feet. Larger bedrooms also contain small living areas.

Each bedroom has a functional-mini kitchen and individual thermostat to adjust the room temperature.

In addition the facility has its own laundry room equipped with washer and dryer to meet the resident's laundry needs.

The architect for the facility supplied individual bedroom floor plans including dimensions. They are retained in the licensing corporation file. Bedrooms contain all administrative rule required furnishings. Residents may substitute their own personal furniture for that supplied by the licensee.

Each bedroom contains a full bathroom which has been described as a "full access bathroom." These bathrooms meet all requirements of the administrative rules.

There are a number of entrances and exits for this facility. There is a main entrance from the exterior into the Degas House Inn for residents and visitors. This doorway/entrance is alarmed. For persons exiting through this entrance, the doors remain locked with an approximate 15 second delay until opening, or an employee can "swipe" the alarm system with a key card. All other exits are alarmed, except those exits equipped with patio areas.

The Degas House Inn has common living room areas throughout the facility, which measures at approximately 419 square feet. The family dining room area measures at 190 square feet. In addition to each bedroom has small sitting area. Based upon the measurements the Degas House Inn facility has met the square footage requirement of additional living space needed for twenty residents.

The Degas House Inn facility has met the requirements regarding wheelchairs; therefore it can accommodate residents who regularly require the use of wheelchairs and is handicapped accessible.

There are two other large adult foster care group facilities on this property, all foster care facilities including Degas House Inn share a common area. This common area contains a beautician shop, a small movie theater, and a gift and ice cream shop. The façade for this large common area is architecturally designed to represent the main street of a turn of the century small town and is referred by the licensee as "Main Street" or "Penny Lane."

Sanitation:

The facility is served by public water and sewer system.

Garbage service is provided weekly by Waste Management of Livingston County.

The entire facility is air-conditioned.

On December 12, 2016, the Livingston County Health Department completed a full environmental inspection of the facility. The Degas House Inn large adult foster care group home passed all of the requirements of the environmental health inspection and received an A rating.

Fire Safety:

A fire safety certification full approval was granted by the Office of Fire Safety on December 21, 2016. A copy is contained in the licensing record.

The facility is heated by natural gas-fired forced air furnaces located on the roofs of the facility.

The entire facility and complex is protected by an interconnected smoke alarm/detection system and a fire suppression sprinkler system. When the smoke alarm/detection systems is triggered anywhere in the complex, the entire fire alarm system sounds throughout the complex.

A copy of the floor plan for the facility is contained in the licensing record which includes the evacuation plan. Individual bedroom floor plans with dimensions are also contained in the licensing record (corporation binder).

Zoning:

Zoning approval was provided by the City of Brighton to Cartel Inns of Brighton on January 10, 2017. The licensing record contains a copy of the letter from the City of Brighton granting zoning approval.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. 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 **twenty (20)** male or female of the aged population, those 60 years or older, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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 may provide transportation for program and medical needs on an as needed basis. 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 Wood Care V, Inc., which is a For Profit Corporation was established in Michigan, on 01/27/1988. 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.

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

The licensee designee/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 twenty-bed facility is adequate and includes a minimum 1 staff –to- 15 residents per waking hours and 1 staff –to- 20 residents during normal sleeping hours. All staff shall be awake during sleeping hours. The specific staffing assignments are as follows: Days will have 2 staff assigned, Afternoons will have 2 assigned, and midnight will have 1.5 - one assigned to the unit for the whole shift and float that covers breaks - assists with care between the two units.

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 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), Identigo, and the related documents required to be maintained in each employees record to demonstrate compliance.

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. 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 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.

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

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 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 was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home, capacity of 20.



Vanita C. Bouldin
Licensing Consultant

Date: 01/23/2017

Approved By:



01/24/2017

Ardra Hunter
Area Manager

Date