



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 16, 2017

Clifford Brown
Care Assistant Living Home Inc.
430 Franklin Lake Circle
Oxford, MI 48371

RE: Application #: AS630379750
Care Assisted Living 2
6237 Wynford Drive
West Bloomfield, MI 48323

Dear Mr. Brown:

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.

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 cursive script that reads "Cindy Adams".

Cindy Adams, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630379750
Applicant Name:	Care Assistant Living Home Inc.
Applicant Address:	4527 Alexander Pines Dr. Clarkston, MI 48346
Applicant Telephone #:	(248) 254-3195
Administrator/Licensee Designee:	Sharon Williams
Name of Facility:	Care Assisted Living 2
Facility Address:	6237 Wynford Drive West Bloomfield, MI 48323
Facility Telephone #:	(248) 973-8425
Application Date:	09/16/2015
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/16/2015	Enrollment
09/29/2015	Application Incomplete Letter Sent 1326s/Clifford and Sharon.
09/29/2015	Contact - Document Sent Act & Rules.
11/06/2015	Application Complete/On-site Needed
11/06/2015	File Transferred To Field Office Pontiac.
11/13/2015	Contact - Document Received Licensing file received from Central office
03/04/2016	Application Incomplete Letter Sent
07/18/2016	Application Incomplete Letter Sent Requested that Clifford Brown submit missing documents as soon as possible.
07/21/2016	Contact - Document Received Received requested documents from Mr. Brown.
08/15/2016	Inspection Completed On-site
08/16/2016	Application Incomplete Letter Sent
06/08/2017	Contact – Document Sent Continued interest letter sent to Mr. Brown.
09/21/2017	Contact – Telephone Call Made Spoke with Mr. Brown.
10/18/2017	Contact – Telephone Call Made Spoke with Mr. Brown.
10/27/2017	Contact – Telephone Call Made Spoke with Mr. Brown and discussed the discharge of Resident A.
11/01/2017	Contact – Document Received Received discharge letter for Resident A.
11/01/2017	Inspection Completed On-site
11/01/2017	Inspection Completed – BCAL Full Compliance

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 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Care Assisted Living 2 is located at 6237 Wynford in West Bloomfield, MI. According to the city of West Bloomfield tax records, Yolanda Walker is listed as the property owner. Proof of ownership is contained in the facility file. The licensee is leasing the property and has permission to operate an adult foster care program at the property.

The home is a ranch styled brick home located in a residential area of single-family homes in the city of West Bloomfield. The main floor consists of a living room, family room, kitchen, three bathrooms, three bedrooms and a laundry room with a two car attached garage.

A gas forced system heats the facility. The furnace and water heater are located in the basement of the home and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected and a copy of the inspection report is contained in the facility file. The home utilizes public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

The facility contains two separate means of egress that are not wheelchair accessible.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	17'5" x 17'6"	304	2
Bedroom #2	11' x 10"	110	1
Bedroom #3	13' x 17"	221	2

Total occupancy: 5

Measurements were taken of the indoor living space and are as follows: The living room measured 22' x 25' or 550 square feet, the family room measured 23' x 15'9" or 362 square feet and the kitchen dining area measured 14'5" x 10'7" or 152 square feet. The indoor living and dining space measures a total of 1064 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The bedrooms were properly furnished, neat and clean. Each bedroom has an easily operable window with a 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. Bedroom #1 is the largest of the three bedrooms and contains a bathroom.

B. Program Description

Care Assisted Living Home Inc. submitted an application for an original license on 9/16/2015 for a small group home. The licensee designee for Care Assisted Living Home Inc. is Clifford Brown and the administrator is Sharon Williams. The application indicates that the home will accept both males and females aged 55 years of age and older who are aged, physically handicapped, mentally ill, developmentally disabled and traumatically brain-injured.

Care Assisted Living Home Inc. intends to provide 24-hour supervision, protection and personal care to five (both male and female) residents. The program will include social interaction, meal preparation, medication administration and scheduling. The program is designed to meet the needs, interests and abilities of the residents. Each resident will have a care plan that will be formulated and implemented with the input from the resident, family and members of the care providing team. Each care plan will identify the team service providers who may be involved in their treatment. These may include but are not limited to the outside resources of occupational therapists, physical therapists, speech and language pathologists and other providers that are identified by the resident's primary care physician.

C. Applicant and Administrator Qualifications

Care Assisted Living Home Inc. is a "non-profit corporation", established in Michigan on 8/12/2005. Mr. Brown 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.

Criminal history background checks of the licensee designee, Clifford Brown and administrator, Sharon Williams were completed and they were determined to be of good moral character to provide licensed adult foster care. Mr. Brown and Ms. Williams both submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Brown is the owner of Care Assisted Living Home Inc. and currently serves as the licensee designee for Care Assisted Living - AS630301800 and Care Assisted Living 3 - AS630325547, both located in Oakland County. He has been involved in providing adult foster care services to the aged, developmentally disabled, mentally ill, the physically

handicapped and/or traumatically brain injured for almost 10 years. Mr. Brown submitted documentation of several trainings he has participated in and completed relevant to the population that will be served.

Ms. Williams is a licensed registered nurse and has been continuously licensed with the State of Michigan since 1996. She has worked in the nursing field (at numerous hospitals, nursing homes and home health care agencies) since 1982. Ms. Williams has a vast amount of experience administering medication and caring for hospitalized and in-home patients recovering from various medical procedures. Ms. Williams currently serves as the administrator for Care Assisted Living 3 – AS630325547.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Care Assisted Living Home Inc. acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Care Assisted Living Home Inc. has indicated that direct care staff will be awake during sleeping hours.

Care Assisted Living Home Inc. acknowledged an understanding of the qualifications, suitability, and training 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.

Care Assisted Living Home Inc. acknowledged an understanding of the responsibility to assess the good moral character of employees. Care Assisted Living Home Inc. also acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Care Assisted Living Home Inc. acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Care Assisted Living Home Inc. 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.

Care Assisted Living Home Inc. acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Care Assisted Living Home Inc. acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Care Assisted Living Home Inc. acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Care Assisted Living Home Inc. acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Care Assisted Living Home Inc. acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Care Assisted Living Home Inc. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Care Assisted Living Home Inc. acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Care Assisted Living Home Inc. acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Care Assisted Living Care Home Inc. indicated the intent to respect and safeguard these resident rights.

Care Assisted Living Home Inc. acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Care Assisted Living Home Inc. acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Care Assisted Living Home Inc. acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. There was no rule or statutory violations at the final inspection. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 5.

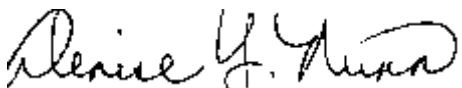


11/14/2017

Cindy Adams
Licensing Consultant

Date

Approved By:



11/16/2017

Denise Y. Nunn
Area Manager

Date