



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 16, 2018

Sally Campbell
8275 Pine Knob Road
Clarkston, MI 48348

RE: Application #: AF630384113
Campbell
8275 Pine Knob Road
Clarkston, MI 48348

Dear Ms. Campbell:

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 2 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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF630384113
Applicant Name:	Sally Campbell
Applicant Address:	8275 Pine Knob Road Clarkston, MI 48348
Applicant Telephone #:	(248) 872-9872
Administrator/Licensee Designee:	N/A
Name of Facility:	Campbell
Facility Address:	8275 Pine Knob Road Clarkston, MI 48348
Facility Telephone #:	(248) 872-9872
Application Date:	07/27/2016
Capacity:	2
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/27/2016	Enrollment
08/01/2016	Contact - Document Received Med Clearance and TB/Sally.
08/03/2016	PSOR on Address Completed
08/03/2016	Inspection Report Requested - Health 1026031.
08/03/2016	Application Incomplete Letter Sent EHI, 1326As/Sally & Ashley.
08/03/2016	Contact - Document Sent Act & Rules.
08/15/2016	Application Complete/On-site Needed
08/15/2016	File Transferred To Field Office Pontiac.
08/18/2016	Contact - Document Received Licensing file received from Central office
08/22/2016	Application Incomplete Letter Sent
08/23/2016	Inspection Completed-Env. Health: A
12/06/2017	Inspection Completed On-site
12/14/2017	Inspection Completed-BCAL Sub. Compliance
12/28/2017	Corrective Action Plan Received
01/02/2018	Corrective Action Plan Approved
01/09/2018	Inspection Completed- Env. Health : A
01/16/2018	CAP Compliance Verification Documentation of compliance
01/22/2018	Contact - Document Received Environmental health inspection
01/22/2018	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Campbell adult foster care facility is a two story home located at 8275 Pine Knob Rd., Clarkston, MI. The home has four bedrooms, two and a half bathrooms, a living room, and an attached two car garage. The residents' bedroom is a double occupancy room located on the first floor of the home and the family's bedrooms are located on the second floor. The home is located in a semi-rural area of Clarkston, but is accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Oakland County Sheriff's Department responds to emergency calls from the home. The McClaren Clarkston Emergency Center is located three miles from the home.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has private water and a private sewer system. An environmental health inspection was completed on 01/09/18 by the Oakland County Health Division and the facility was determined to be in substantial compliance with applicable rules.

The residents' bedroom was measured during the on-site inspection and has the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.4 x 13.2 - (wardrobe 1.7 x 3.9)	143.9	2

Total capacity: 2

The living and dining room areas measure a total of 217.8 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 two (2) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The Campbell adult foster care facility intends to provide 24-hour supervision, protection and personal care to two residents, whose diagnosis is mentally ill, developmentally disabled, physically handicapped, or aged. The program will include instruction for daily living, personal hygiene assistance, social and recreational activities, and

transportation.

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.

In addition to the above program elements, it is the intent of Ms. Campbell to utilize local community resources including parks, recreational facilities, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicant, Sally Campbell, identified Ashley Campbell as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed with no LEIN convictions recorded for Sally Campbell or Ashley Campbell. Sally and Ashley Campbell submitted medical clearance forms with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Campbell has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside income.

Ms. Campbell acknowledged that an adult foster care family home requires the licensee to reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for two residents will be the responsibility of Ms. Campbell 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Ms. Campbell acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Campbell acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Ms. Campbell acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Campbell indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Campbell acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, she acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, responsible person, volunteer, or staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Campbell acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Campbell acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

Ms. Campbell acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Campbell indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Campbell acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Campbell has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

Ms. Campbell acknowledged her responsibility to obtain 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, Ms. Campbell acknowledged her 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.

D. Rule/Statutory Violations

Ms. Campbell 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 family home with a capacity of two residents.

Kristen Donnay

02/16/18

Kristen Donnay
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/16/2018

Denise Y. Nunn
Area Manager

Date