



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 19, 2018

Paula Ott  
Central State Community Services, Inc.  
Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

RE: Application #: AS250385490  
Vienna Road Home  
7444 W Vienna Road  
Clio, MI 48420-8420

Dear Ms. Ott:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(517) 899-5659

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS250385490

**Applicant Name:** Central State Community Services, Inc.

**Applicant Address:** Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

**Applicant Telephone #:** (989) 631-6691

**Administrator/Licensee Designee:** Paula Ott

**Name of Facility:** Vienna Road Home

**Facility Address:** 7444 W Vienna Road  
Clio, MI 48420-8420

**Facility Telephone #:** (810) 639-6623  
11/03/2016

**Application Date:**

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

11/03/2016	Enrollment
11/07/2016	Contact - Document Received BCAL 1609 certification of Spec.Programs, central state comm. services paperwork, stamt of revenue, verify of LARA nonprofit corp.report, BCAL 1326 and 3704 and TB neg. for Julie Parrish (Cooley) and other Central State Community Services paperwork. TB results negative for Annette Terry.
11/09/2016	Contact - Document Sent rules and act sent
11/09/2016	Application Incomplete Letter Sent Need 1326's for Julie Cooley and Annette Terry.
11/18/2016	Contact - Document Received BCAL-1326A for Annette Terry and Julie Cooley
11/18/2016	File Transferred To Field Office Flint/Genesee
12/02/2016	Application Incomplete Letter Sent
10/26/2017	Inspection Completed-BCAL Sub. Compliance
10/31/2017	Inspection Report Requested - Health
11/21/2017	Contact - Document Received Received paperwork stating required corrections to physical plant has been completed.
01/02/2018	Inspection Completed-BCAL Full Compliance
01/04/2018	Inspection Completed Environmental Health: A
01/19/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Vienna Road Home is a brick single-story home that is located in a semi-rural area of Clio, MI. There is a two-car attached garage, which has room for storage. The facility has a long gravel driveway for ample parking space for staff and visitors. The applicant, Central State Community Services Inc., is renting this property and the current property owner is Jackie Gunnell.

The home consists of a living room, kitchen/dining area combo, family room, one full bath, one half bath, utility room/office and three resident bedrooms. The facility has a total of three exits, with one of those going through the garage. There are multiple steps and a small cement landing area at the front entrance and a wheelchair ramp located off the back entrance/exit. With only one wheelchair ramp, this facility is not currently licensed as wheelchair accessible.

The facility’s furnace and hot water heater are located in the basement of the facility and are separated from residents by a fully stopped, solid core wood door that is equipped with an automatic self-closing device and positive-latching hardware. The furnace was last inspected by a certified HVAC technician on November 9, 2017. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home’s electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	28' x 13' 9" = 385 square feet	
Kitchen/Dining area	18' x 13' = 234 square feet	
Family Room	18' 3" x 12' 10" = 234 square feet	
Bedroom #1	18' 6" x 13' = 241 square feet	2 residents
Bedroom #2	13' 6" x 12' = 162 square feet	2 residents
Bedroom #3	13' 6" x 12' = 162 square feet	2 residents

The facility has a private water supply and private sewage disposal system. On 1/4/18, this facility received an “A” approval rating from Genesee County Health Department.

## **B. Program Description**

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents’ age eighteen and over, who suffer from mental illness, developmental disabilities and/or are physically handicapped. The program plan is to provide the highest quality services and clinical support to people with chronic mental illness and/or developmental disabilities. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate and honest staff. The facility will promote and encourage cooperation, self-esteem, self-direction, independence and normalization, while providing a safe, secure and healthy living environment. The facility is currently not wheelchair accessible.

## **C. Applicant and Administrator Qualifications**

Central State Community Services Inc. is the applicant and Paula Ott has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Ott and she has been determined to be of

good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://www.Miltcpartnership.org)), and the related documents required to be maintained in each employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 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 discharge written notice.

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 an accident involving 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 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.

Paula Ott has been licensed Registered Nurse since 1992 and has five years of experience as an executive director for licensed AFC/HFA facilities. Ms. Ott reports that all resident files will be kept on the facility grounds.

**D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



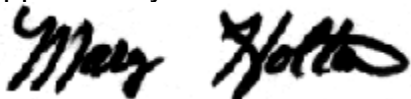
1/19/18

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Christopher Holvey  
Licensing Consultant

Date

Approved By:



1/22/18

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Mary E Holton  
Area Manager

Date