



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 9, 2018

Roger Covill
North-Oakland Residential Services Inc.
P. O. Box 216
Oxford, MI 48371

RE: Application #: AS630384699
Westlyn Home
3859 Westlyn Drive
Lake Orion, MI 48359

Dear Mr. Covill:

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 (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 #:	AS630384699
Applicant Name:	North-Oakland Residential Services Inc.
Applicant Address:	106 S. Washington Oxford, MI 48371
Applicant Telephone #:	(248) 969-2392
Administrator/Licensee Designee:	Roger Covill
Name of Facility:	Westlyn Home
Facility Address:	3859 Westlyn Drive Lake Orion, MI 48359
Facility Telephone #:	(248) 381-0822
Application Date:	08/31/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/13/2015	Inspection Completed-Env. Health : A AS630012491.
08/31/2016	Enrollment
09/02/2016	Contact - Document Received Med Clearance & TB/Roger.
09/06/2016	Application Incomplete Letter Sent RI030/Roger, 1326A/Administrator.
09/06/2016	Contact - Document Sent Act & Rules.
09/06/2016	Application Complete/On-site Needed
09/06/2016	File Transferred To Field Office Pontiac.
09/08/2016	Contact - Document Received Licensing file received from Central office
09/19/2016	Application Incomplete Letter Sent
06/14/2017	Inspection Completed On-site
06/14/2017	Inspection Completed-BCAL Sub. Compliance
06/15/2017	Application Incomplete Letter Sent
06/29/2017	Corrective Action Plan Received
06/29/2017	Corrective Action Plan Approved
10/04/2017	Inspection Report Requested - Health
12/13/2017	Inspection Completed-Env. Health : A
01/30/2018	Contact- Document Received Environmental health inspection report
02/07/2018	Contact- Document Received Updated medical clearance and TB testing- licensee designee
02/07/2018	Application complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Westlyn Home is a single story, ranch style home located at 3859 Westlyn Dr., Lake Orion, MI. The first floor of the home consists of a living room, dining room, family room, kitchen, three double occupancy bedrooms, two full bathrooms, and a laundry room. The facility has an attached two car garage. The facility is located in a residential area of Lake Orion, in a neighborhood with similar style single family homes. The facility is located near many restaurants, recreational facilities, hospitals, shopping centers, and places of worship. The Oakland County Sheriff's Department responds to emergency calls from the home.

The furnace and hot water heater are located in a utility room that can only be accessed from outside. They are enclosed in a room with a 1¾ inch solid core door 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 12/13/17 by the Oakland County Health Division and the facility was determined to be in substantial compliance with applicable rules.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All three bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress, which lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for admission of residents who use a wheelchair.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.2 x 16.6	185.9	2
2	11.2 x 17	190.4	2
3	11.2 x 16.9	189.3	2

Total capacity: 6

Resident Living Space	Room Dimensions	Total Square Footage
Family Room	15.2 x 25.6	389.1
Living Room	15.2 x 15.2	231

The living room and family room areas offer a total of 620.1 square feet of living space, which exceeds the minimum of 35 square feet per resident.

Based on the above information, it is concluded that this facility can accommodate six 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 Westlyn Home were reviewed and accepted as written. Westlyn Home will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week for both men and women with developmental disabilities. The home is wheelchair accessible and can also accommodate individuals with physical impairments.

The goal of Westlyn Home is to provide the least restrictive setting based on a continual assessment of individual needs. Westlyn Home will provide residents with many opportunities to exercise personal choice; to experience self-growth; to develop the capacity for meeting the normal challenges and risks of daily living and; to the extent that their individual potential and abilities allow, develop self-reliance. Westlyn Home will provide assistance with activities of daily living and personal care including medication administration, personal hygiene direction, laundry skills, interpersonal relationship modeling, and cleaning of personal rooms and the household.

The proposed staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. Roger Covill acknowledged that they will ensure the staff to resident ratio is adequate 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.

C. Applicant and Administrator Qualifications

The applicant is North-Oakland Residential Services Inc., which is a “Domestic Nonprofit Corporation”, established in Michigan on 05/30/1980. Roger Covill is identified as the resident agent for the corporation. Roger Covill has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Roger Covill has been appointed as the licensee designee and administrator of the facility.

Licensing record clearance requests were completed with no LEIN convictions recorded for Mr. Covill. Mr. Covill submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

The licensee designee, Roger Covill has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Covill has over 30 years of experience working with developmentally disabled adults in licensed facilities. He has held positions as a direct care worker, medical coordinator, home manager, and program director. He has been the Chief Executive Officer of North-Oakland Residential Services Inc. since 01/30/16 and has been qualified as the licensee designee and administrator for the corporation’s licensed facilities since 03/01/2016.

Roger Covill 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.

Roger Covill acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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.

Roger Covill acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. Resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Roger Covill 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, the

licensee designee acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Roger Covill acknowledged the responsibility to obtain the required 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.

Roger Covill 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.

Roger Covill acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. A separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Westlyn Home.

Roger Covill 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 and indicated the intent to respect and safeguard these resident rights.

Roger Covill 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.

Roger Covill 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.

D. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that North-Oakland Residential Inc. was operating Westlyn Home under a management agreement with the previous licensee, Progressive Residential Services Inc., while licensure was pending. At the time of licensure, the facility is currently providing services to five individuals.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this adult foster care facility, Westlyn Home, with a capacity of six residents.

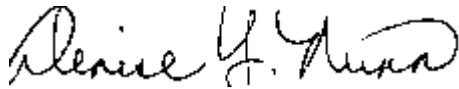


02/08/18

Kristen Donnay
Licensing Consultant

Date

Approved By:



02/09/2018

Denise Y. Nunn
Area Manager

Date