



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 18, 2018

Tina Graves
16065 Fish Lake Road
Holly, MI 48442

RE: Application #: AF630391555
Graves CTH
16065 Fish Lake Road
Holly, MI 48442

Dear Mrs. Graves:

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 4 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 black ink that reads "Mildred A. Schwarcz".

Mildred A. Schwarcz, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License Application #: | AF630391555 |
| Applicant Name: | Tina Graves |
| Applicant Address: | 16065 Fish Lake Road Holly, MI 48442 |
| Applicant Telephone #: | (248) 369-8047 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Graves CTH |
| Facility Address: | 16065 Fish Lake Road Holly, MI 48442 |
| Facility Telephone #: | (248) 369-8047 |
| Application Date: | 11/29/2017 |
| Capacity: | 4 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 11/29/2017 | Enrollment |
| 12/01/2017 | Contact - Document Sent Rules and Act 218 Books |
| 12/01/2017 | PSOR on Address Completed Public Sex Offender Registry (PSOR) No |
| 12/01/2017 | Application Incomplete Letter Sent 1326, RI-030, and Fingerprints for Tina. 1326 For Robert, Zach, and Jared. |
| 12/12/2017 | Contact - Document Received 1326, RI-030, Fingerprints for Tina. 1326 for Robert, Zach, and Jared |
| 12/18/2017 | File Transferred To Field Office Pontiac |
| 01/02/2018 | Contact - Document Received Licensing file received from Central office |
| 03/21/2018 | Inspection Report Requested - Health |
| 03/21/2018 | Inspection Completed On-site |
| 03/21/2018 | Application Complete/On-site Needed |
| 03/26/2018 | Inspection Completed – Environmental Health: A |
| 04/10/2018 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a single-story structure, with exterior vinyl siding. The recent addition to the original structure, located at the east end of the house, has a loft bedroom. The facility has two attached garages and a large fenced in yard. There is a 4 feet deep swimming pool in the backyard. The swimming pool is fenced in and secured with a lock.

The main level of the facility contains two resident bedrooms, one full bathroom adjoining a resident bedroom, a full bathroom next to a resident bedroom, a half

bathroom, a living room, a dining room, a kitchen, a family room, and an office. The loft bedroom has its own full bathroom. The loft bedroom is being utilized by the licensee and her spouse for their private living quarters.

The finished basement contains two bedrooms, a full bathroom, a laundry room, and a family room. The basement, which has two means of egress, is being utilized as the private living quarters for the additional two members of the household, the licensee's adult sons.

The facility is located in a rural residential area, with similar type single family dwellings, in the township of Holly. There are community-based resources located within a few miles from the facility, such as restaurants, grocery stores, retail shops, banks, hospitals, parks, post office, and places of worship.

The facility utilizes a private water supply and private sewage disposal system. The Oakland County Health Division conducted an environmental health inspection of the facility on 03/26/2018 and granted it a full approval or "A" rating.

The two furnaces and one hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware at the top of the stairs. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12' x 10'6" | 126 | 2 |
| 2 | 13' x 13'2" | 171 | 2 |

The living, dining, and family room areas measure a total of 692 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

On 11/29/2017, the applicant, Tina Graves, submitted an application for a license to provide adult foster care services at 16065 Fish Lake Road, Holly. Mrs. Graves intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory and semi-ambulatory males, ages 18 years or older, whose diagnosis is developmental disability. A secondary diagnosis that would be considered for placement is physical

handicap. Referrals for placement will be accepted from the responsible agency, Macomb Oakland Regional Center, Inc. (MORC) and/or Oakland Community Health Network (OCHN).

The licensee, Mrs. Graves, intends to provide basic self-care and habilitation training in accordance with the resident's written assessment plan. The program may include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. In addition, when specified in the resident's written assessment plan, Mrs. Graves intends to provide direction and opportunity for growth and development of a resident as well as opportunity for involvement in educational, employment, and day program activities.

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 the applicant to utilize local community resources including the public schools and library, local museums, 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

Licensing record clearance requests were completed with no LEIN convictions recorded for the following: the applicant, Tina Graves; the designated responsible person/applicant's spouse, Robert Graves; adult member of the household/applicant's son, Zachary Graves; and, adult member of the household, applicant's son, Jared Graves. The applicant, the designated responsible person, and the two adult members of the household submitted medical clearance requests with statements from their respective physician documenting their good health and current TB-tine negative results.

Mrs. Graves has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for the adult foster care residents along with her spouse's outside employment. Ms. Graves is also projecting income from funding contracts with MORC and/or OCHN.

Mrs. Graves acknowledged her understanding of the residency requirement for an adult foster care family home licensee, i.e., the licensee shall be a member of the household, and an occupant of the residence.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home licensee 24 hours a day/7 days a week, with the designated responsible person available to provide supervision as a relief or in case of emergency.

Mrs. Graves acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home. Mrs. Graves has experience in adult foster care, having worked as a direct care staff and responsible person for over 20 years at Snowden AFC, a licensed adult foster care facility. Mrs. Graves intends to complete specific training required by MORC and/or OCHN, once she is approved to provide specialized program.

Mrs. Graves 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mrs. Graves acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mrs. Graves 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.

Mrs. Graves acknowledge her 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, Mrs. Graves acknowledged her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

Mrs. Graves 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.

Mrs. Graves 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.

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

Mrs. Graves 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. Mrs. Graves 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.

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

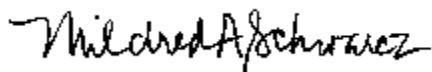
Mrs. Graves acknowledged her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Mrs. Graves 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

The applicant, Tina Graves, is in full compliance with all applicable licensing rules for an adult foster care family home and statutory requirements of Act 218, Public Acts of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).

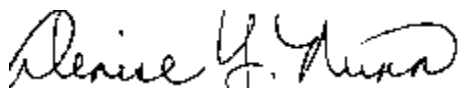


04/10/2018

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



04/18/2018

Denise Y. Nunn
Area Manager

Date