

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

May 11, 2018

Lindsey Burton Progressions, LLC 51145 Nicolette Drive Chesterfield, MI 48005

> RE: Application #: AS500390318 Progressions St. Clair Shores 29255 Hughes Street St. Clair Shores, MI 48081

Dear Mr. Burton:

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,

Linda Pavlovski, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (586) 835-6827

enclosure

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

# I. IDENTIFYING INFORMATION

License Application #:	AS500390318	
Applicant Name:	Progressions, LLC	
Applicant Address:	51145 Nicolette Drive Chesterfield, MI 48005	
Applicant Telephone #:	(586) 228-9991	
Administrator/Licensee Designee:	Lindsey Burton	
Name of Facility:	Progressions St. Clair Shores	
Facility Address:	29255 Hughes Street St. Clair Shores, MI 48081	
Facility Telephone #:	(586) 228-9991	
Application Date:	09/06/2017	
Capacity:	6	
Program Type:	TRAUMATICALLY BRAIN INJURED	

# II. METHODOLOGY

09/06/2017	Enrollment	
09/08/2017	Contact - Document Sent Rule & Act booklets	
09/08/2017	Application Incomplete Letter Sent Received clearances for Lindsey (LD) & admin	
09/08/2017	Inspection Completed-Environmental Health: A	
09/12/2017	Contact - Document Received Rec clearances for Lindsey (LD & Admin)	
09/15/2017	Contact - Document Received Licensing file received from Central office	
09/28/2017	Application Incomplete Letter Sent	
10/06/2017	Contact - Document Received Received licensing paperwork.	
03/30/2018	Inspection Completed On-site	
03/30/2018	Inspection Completed-BCAL Sub. Compliance	
04/19/2018	Contact - Document Received Received final licensing documents, fire extinguisher inspections, budget, and faucet fixed.	
04/30/2018	Application Complete	
05/09/2018	Inspection Completed-BCAL Full Compliance	

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

Progressions St. Clair Shores is located at 29255 Hughes Street, in St. Clair Shores. The facility is a two-story structure (apartment style) that is not wheelchair accessible. The facility consists of two community multi-purpose rooms for recreation with kitchenettes, sitting/lounge, office, and medication area. There is a total of six individual apartment style bedrooms with full bathrooms, kitchenettes and living room areas.

The boiler unit and furnace are located on the first floor a with solid core door which has a 2-hour-fire-resistance rating equipped with an automatic self-closing device and

positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There are fire extinguishers placed throughout the home and inside each individual bedroom that were inspected and approved by Fire Extinguisher Sales & Service, Inc. on 4/4/18.

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	31'4" x 21'6"	674 sq. ft.	1
Bedroom #2	31'4" x 21'6"	674 sq. ft.	1
Bedroom #3	31'4" x 21'6"	674 sq. ft.	1
Bedroom #4	31'4" x 21'6"	674 sq. ft.	1
Bedroom #5	31'4" x 21'6"	674 sq. ft.	1
Bedroom #6	31'4" x 21'6"	674 sq. ft.	1
Total capacity: 6			

The multi-purpose rooms for recreation with kitchenettes, sitting/lounge, office, and medication areas measure a total of 1,348 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 six (6) residents per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

# **B.** Program Description

Progressions St. Clair Shores Transitional program is to provide an assistive living environment specifically for six (6) physically and brain injured individuals age 18 years old and up who were recently hospitalized, previously resided in state institutions, other residential facilities or in their own homes. Progressions St. Clair Shores Transitional will offer to each resident a highly individualized learning and giving environment within a structured daily routine in an apartment-style family-oriented setting. The intent is to provide cognitive training, physical assistance, and the opportunity to maximize social and community living skills, thus avoiding the need for, or the return to, a more restrictive environment.

Progressions St. Clair Shores Transitional program will provide each resident room, board, protection, supervision, assistance with activities of daily living and supervised personal care, as well as the supervision/administration of all medications consistent with the resident's service plan. Residents will reside in home-like one bedroom apartment environment where staff will be available 24 hours per day. The program will provide three meals per day/snacks; nurse-managed resident care; personal laundry; and housekeeping services/assistance. Progressions St. Clair Shores will provide all household furnishings--a full/queen bed, nightstand, dresser, towels, bed linens, a full living room set, full dinette set, and all necessary cooking and eating utensils.

The caregivers will treat each resident as an individual with unique needs and abilities and will help each resident to attain his or her highest potential in community living skills. The residents in the program may attend day programs such as recreational or vocational rehabilitation. On the weekends and during the evening hours, the residents will have opportunities to go to the show, out to eat, shop, and attend concerts and sporting events within the community.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

#### C. Applicant and Administrator Qualifications

The applicant is Progressions, LLC, which is a "For Profit Corporation" and was established in Michigan on 11/27/2012. The applicant 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.

The Board of Directors of Progressions, LLC has submitted documentation appointing Lindsey Burton as Licensee Designee for this facility. Mr. Burton has been appointed as the licensee designee and administrator at numerous licensed AFC homes in Macomb and Oakland Counties. Mr. Burton has been employed with Progressions, LLC since 2012.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Burton. Mr. Burton submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Burton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 6-bed facility is adequate and includes 2 staff to 6 residents per day and afternoon shifts, and 1 staff to 6 for midnight shifts. All staff shall be awake during sleeping hours.

Lindsey Burton, the licensee designee, acknowledges his 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, Mr. Burton acknowledges his responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the

documents contained within each employee's file. Mr. Burton acknowledges an understanding of the training and qualification 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 as required with Rules 400.14204 and 400.14208.

Lindsey Burton acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), L-1 Identity Solutions<sup>TM</sup> (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Lindsey Burton 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, Mr. Burton 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 required with Rules 400.14312.

Lindsey Burton acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Burton indicated that it is his intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Lindsey Burton 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. Mr. Burton has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per Rules 400.14311.

Lindsey Burton acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Lindsey Burton acknowledges his responsibility to obtain all of 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, Mr. Burton acknowledges his 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 consistent with Rule 400.14316(1)(a) through (2).

Lindsey Burton acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

## IV. RECOMMENDATION

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

Linda Pavlovski Licensing Consultant

Approved By:

lenice J. Munn

05/11/2018

5/10/2018

Date

Denise Y. Nunn Area Manager

Date