



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 11, 2018

Thomas Quakenbush  
Community Homes Inc  
3925 Rochester Rd.  
Royal Oak, MI 48073

RE: Application #: AS630390444  
**Greer Home**  
**2035 Lochaven Rd.**  
**West Bloomfield, MI 48324**

Dear Mr. Quakenbush:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630390444
<b>Applicant Name:</b>	Community Homes Inc.
<b>Applicant Address:</b>	3925 Rochester Rd. Royal Oak, MI 48073
<b>Applicant Telephone #:</b>	(248) 336-0007
<b>Licensee Designee:</b>	Thomas Quakenbush
<b>Administrator:</b>	Thomas Quakenbush
<b>Name of Facility:</b>	Greer Home
<b>Facility Address:</b>	2035 Lochaven Rd. West Bloomfield, MI 48324
<b>Facility Telephone #:</b>	(248) 336-0007
<b>Application Date:</b>	09/15/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

09/15/2017	Enrollment
09/19/2017	Contact - Document Sent Rules and Acts books
09/19/2017	Application Incomplete Letter Sent 1326 for Thomas
12/05/2017	Contact - Document Received 1326 for Thomas
12/06/2017	File Transferred to Field Office Pontiac
12/11/2017	Contact - Document Received Licensing file received from Central office
02/13/2018	Application Incomplete Letter Sent
04/20/2018	Contact - Document Received Requested documents received
08/09/2018	Application Complete/On-site Needed
08/09/2018	Inspection Completed On-site
08/09/2018	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

The Greer Home is located at 2035 Lochaven, West Bloomfield, MI. The home is owned and managed by Community Housing Network. Proof of ownership and permission to inspect the property is contained in the facility file.

Greer Home is a brick, ranch styled residential structure with 2388 square feet of living space with an attached garage of 531 square feet. The home consists of a kitchen, living room, dining room, family room, laundry room, two full bath rooms, three bedrooms and an office.

The living room, dining room and family rooms measure a total of 684 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are in a room that is accessed from the outside at the back of the home and are equipped with an approved fire rated door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed in the home and in the furnace room. The facility utilizes the public water and sewage disposal system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'2" x 16'8"	186	2
2	17' x 3"	192	2
3	17' x 11'4"	192	2

**Total capacity: 6**

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Community Homes Inc. intends to provide 24-hour supervision, protection and personal care to six female residents who are physically handicapped and developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Community Homes Inc. intends to accept referrals from Community Health Network and will be under contract with Macomb-Oakland Regional Center (MORC).

If required, behavior 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 Community Homes Inc. to utilize local community resources for recreational activities including the public schools the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

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

On 9/15/2017 the applicant, Community Homes Inc, a “Domestic Limited Liability Company”, established in Michigan on 3/9/1983, submitted an application to provide adult foster care services at 2035 Lochaven in West Bloomfield, Michigan. Community Homes Inc. 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 members of Community Homes Inc. have submitted documentation appointing Thomas Quakenbush as the licensee designee and administrator for this facility. A licensing record clearance request was completed for Mr. Quakenbush with no LEIN convictions recorded. He was determined to be of good moral character to provide licensed adult foster care. Mr. Quakenbush submitted a medical clearance with a statement from his respective physician documenting his good health and current negative tuberculosis test results.

Mr. Quakenbush provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Quakenbush is the CEO of Community Homes Inc. He has worked for the company since February 1997 and has worked with the developmentally disabled population for his entire tenure with the company.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of two staff for six residents per shift. Community Homes Inc. acknowledged that the staff to resident ratio may need to be decreased 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. Community Homes Inc. has indicated that direct care staff will be awake during sleeping hours.

Community Homes Inc. 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.

Community Homes Inc. acknowledged an understanding of the responsibility to assess the good moral character of employees. Community Homes Inc. acknowledge 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Community Homes Inc. acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee *or licensee designee* will 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.

Mr. Quackenbush 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, Mr. Quackenbush acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Mr. Quackenbush acknowledge the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Quackenbush acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Quackenbush acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Quackenbush acknowledged 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Quackenbush 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. Community Homes Inc indicated the intent to respect and safeguard these resident rights.

Mr. Quackenbush 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.

Mr. Quackenbush 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.

Mr. Quackenbush acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rules/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six.



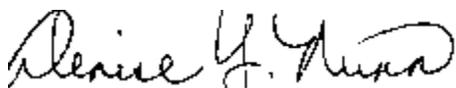
12/10/2018

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Cindy Berry  
Licensing Consultant

Date

Approved By:



12/11/2018

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Denise Y. Nunn  
Area Manager

Date