

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 9, 2019

Aimee Davis Friends and Family, Inc. 7730 Smale Street Washington, MI 48094

> RE: Application #: AS500397959 Pine Valley Group Home 22205 32 Mile Rd. Armada, MI 48005

Dear Ms. Davis:

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,

L. Reed

LaShonda Reed, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (586) 676-2877

enclosure

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

## I. IDENTIFYING INFORMATION

| License #:                       | AS500397959  |  |
|----------------------------------|--|--|
| Licensee Name:                   | Friends and Family, Inc.                           |  |
| Licensee Address:                | 7730 Smale Street<br>Washington, MI 48094          |  |
| Licensee Telephone #:            | (586) 781-5040                                     |  |
| Administrator/Licensee Designee: | Aimee Davis  |  |
| Name of Facility:                | Pine Valley Group Home                             |  |
| Facility Address:                | 22205 32 Mile Rd.<br>Armada, MI  48005             |  |
| Facility Telephone #:            | (586) 784-5374                                     |  |
| Application Date:                | 01/14/2019   |  |
| Capacity:                        | 4  |  |
| Program Type:                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |  |

# II. METHODOLOGY

| 01/14/2019 | On-Line Enrollment   |  |
|------------|--|--|
| 01/17/2019 | Contact - Document Received<br>Adult Foster care license application received by the licensing<br>unit.              |  |
| 01/18/2019 | Contact - Document Received<br>The licensing unit received clearances for licensee and<br>administrator Aimee Davis. |  |
| 01/18/2019 | Inspection Report Requested - Health<br>Invoice number 1029037 received for environmental health.                    |  |
| 01/23/2019 | Contact - Document Received<br>Licensing file received from Central office.  |  |
| 02/13/2019 | Inspection Completed-Env. Health: A  |  |
| 02/20/2019 | Application Incomplete Letter Sent<br>I sent the document via email PDF.   |  |
| 03/04/2019 | Application Complete onsite Needed<br>I received requested documents.  |  |
| 04/23/2019 | Inspection Completed On-Site   |  |
| 04/23/2019 | Inspection Completed-BCAL Full Compliance  |  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The 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 license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924

## A. Physical Description of Facility

The Pine Valley home is a one-story home located in Armada, MI. The home is a small adult foster care home currently licensed for four residents. The current licensee for the home is Life Center Incorporated. The corporation merged with Friends and Family Incorporated on 01/18/2019. Friends and Family Incorporated has applied to become the new licensee for the home.

The home is owned by Ken Blackstone. Mr. Blackstone signed a letter on 11/29/2018 giving the State of Michigan permission to inspect the home for purposes of adult foster

home licensing. A copy of the lease agreement was also provided by Friends and Family Incorporated.

The Pine Valley home has a living room, kitchen, dining area, laundry room, two bathrooms and three resident bedrooms. The home does not have a basement. The living room and dining area offer a total of 472 square feet which meets the required 35 square feet per person for four residents. The three bedrooms in the home are sized as follows:

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 11'1" x 9'11"   | 109                  | 1                   |
| 2         | 9'5" x 12'      | 113                  | 1                   |
| 3         | 14'4" x 13'7"   | 194                  | 2                   |
|           |                 |                      |                     |

Total capacity: 4

All three bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair and a mirror. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation. The home is wheel chair assessible and there are ramps located in the front of the home and off door leading to the garage.

The home has private water and sewer. An environmental inspection was completed on 02/13/2019 and the home received an "A rating". The washer and dryer are located in the laundry room and the dryer has a mental vent. The furnace is also located in the laundry area. The water temperature was measured with a digital thermometer and found to be between 105120 degrees Fahrenheit. The home has three fire extinguishers. The bathrooms and bedrooms doors have non-locking against egress hardware.

The furnace and hot water heater are located on the main level of the home and in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four** 

(4) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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, and the responsible agency.

The applicant, Friends and Family Inc. and Aimee Davis, have provided a contract through Macomb Oakland Regional Center. Aimee Davis submitted a Certification of Specialized Programs Application for Certification. As part of the contract, the residents of the home must be referred by Macomb Oakland Regional Center Inc.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### C. Applicant and Administrator Qualifications

The applicant is Friends and Family Incorporated, which is a "Domestic Limited Liability Company", was established in Michigan, on 06/04/1992. The applicant, Aimee Davis, 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 Friends and Family Incorporated has submitted documentation appointing Aimee Davis as Licensee Designee will act as the licensee designee and administrator for the home.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator, Aimee Davis has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Friends and Family Inc. and Aimee Davis provided verification of her education and years of experience working with the aged and Alzheimer's population for approximately 7 years at several licensed AFC homes including management experience. Ms. Davis also supplied verification of the necessary hours for training.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of two staff to four residents per shift. All staff shall be awake during sleeping hours.

Friends and Family Inc. and Aimee Davis 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.

Friends and Family Inc. and Aimee Davis acknowledged an understanding of the responsibility to assess the good moral character of employees 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>™</sup> (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Friends and Family Inc. and Aimee Davis 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, Friends and Family Inc. and Aimee Davis 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.

Friends and Family Inc. and Aimee Davis 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, Friends and Family Inc. and Aimee Davis acknowledges their 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.

Friends and Family Inc. and Aimee Davis acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Friends and Family Inc. and Aimee Davis indicated that it is their intent to achieve and maintain compliance with these requirements.

Friends and Family Inc. and Aimee Davis 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. Friends and Family Inc. and Aimee Davis has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Friends and Family Inc. and Aimee Davis acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Friends and Family Inc. and Aimee Davis acknowledges their 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, Friends and Family Inc. and Aimee Davis 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.

Friends and Family Inc. and Aimee Davis acknowledges their 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**

Friends and Family Inc. and Aimee Davis was in compliance with the licensing act and applicable administrative rules at the time of licensure.

### **E. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home capacity 1-4.

L. Reed

05/03/2019

LaShonda Reed Licensing Consultant Date

Approved By:

plenice J. Munn

05/09/2019

Denise Y. Nunn Area Manager Date