



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2019

Kimberly O'Neal
Spectrum Community Services
28303 Joy Rd.
Westland, MI 48185

RE: Application #: AS630397257
Seven Lakes Home
2332 Grange Hall Road
Fenton, MI 48439

Dear Mrs. O'Neal:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630397257
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(616) 447-9380
Licensee Designee:	Kimberly O'Neal
Administrator:	Kimberly Martin
Name of Facility:	Seven Lakes Home
Facility Address:	2332 Grange Hall Road Fenton, MI 48439
Facility Telephone #:	(734) 458-8729
Application Date:	11/15/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

11/15/2018	On-Line Enrollment
11/16/2018	Contact - Document Sent Acts book
11/16/2018	Licensing Unit file referred for background check review Given to Candace Facility/People with Red Screen.
11/16/2018	Licensing Unit file referred for background check review Given to Canace Kimberly has ICHAT hit.
12/05/2018	Contact - Document Received 1326 for Kimberly O. 100 for Kimberly M.
12/05/2018	File Transferred to Field Office Pontiac.
12/10/2018	Contact - Document Received Licensing file received from Central office
12/20/2018	Application Incomplete Letter Sent
12/20/2018	Application Complete/On-site Needed
02/12/2019	Inspection Completed On-site
02/12/2019	Inspection Completed-BCAL Full Compliance
03/13/2019	Inspection Completed-Env. Health: A

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 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

1) Environmental Conditions

Seven Lakes Home is located at 2332 Grange Hall Road, Fenton, Michigan 48430. Community House Network Inc., located at 570 Kirts Boulevard, Suite 231, Troy, Michigan 48085 is the owner of record for the property. Proof of ownership is contained in the facility file.

Seven Lakes Home is a colonial styled residential structure with a two-car attached garage. The home consists of; a kitchen, family/dining room, living room, office, three bedrooms, two bathrooms, and a mechanical room. The interior of the home is well maintained.

The furnace and hot water heater are located in the utility room outside of the home with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located 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 back-up, which was installed by a licensed electrician and is fully operational and has a sprinkler 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	17'6" x 11'1"	194	2
2	16'11" x 10'7"	179	2
3	16'11" x 10'7"	179	2

Total capacity: 6

The family and dining room areas measured at 25'7" x 14'8" and the living room area measured 14'1" x 15' which is a total of 586 square feet of living space. This exceeds the minimum of 35 square feet per resident.

Based on the above information, it is concluded that this facility can accommodate **six** (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The bedrooms were properly furnished, clean and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Seven Lakes Home has a private water and sewage services. Oakland County Environmental Health conducted an inspection on 03/13/2019 and issued an "A" rating. The kitchen and bathroom areas were evaluated and were found to be adequately equipped and in clean condition. All necessary appliances were present at the time of inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water

temperature was tested at the time of inspection and found to be within the acceptable range as defined by rule R400.14401 (2). The home also met the minimum requirements regarding food service R400.1440 (2) and maintenance of premises R400.1440 (3). Laundry facilities are located inside the home and the washer and dryer were properly installed, and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with departmental requirements regarding environmental conditions.

2) Fire Safety

A fully integrated hard-wired smoke detection system installed meets the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has smoke detectors in the living and bedroom areas. The home also has fire extinguishers located on the main floor which meet the requirements of R400.14506. The home has more than two means of egress from the main floor and the exit doors all meet the requirements of rules R400.14507 and R400.14509. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware. The bedrooms of the home also have the proper means of egress as required by R400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R400.14503, and R400.14504.

A gas forced air system heats the facility. The furnace was recently inspected, and I reviewed the proper documents. The water temperature was tested at the inspection and found to be in compliance with the rule R 400.14401(2). The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through Holly Police Department and Genesis Hospital.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

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 **six** (6) male or female to both ambulatory and non-ambulatory adults whose diagnosis is mentally ill, developmentally disabled, physically handicapped and aged, 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: (Spectrum Community Services, or Oakland County Community Health Network Access Center or (MORC) Macomb Oakland Regional Center.

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 prior approval of the resident, guardian, and the responsible agency.

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.

1) Required Information

On 11/15/2018, the Department received a license application and application fee from Mrs. Kimberly O'Neal, acting on behalf of Spectrum Community Services, Inc., to operate a small group adult foster care (AFC) facility at the above referenced address in Fenton, Michigan. The applicant is seeking to operate a program for both male and female with mental illness, developmental disability, physically handicapped and aged.

As part of the application process Mrs. O'Neal submitted admission, discharge policies for Seven Lakes Home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, Mrs. O'Neal presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

A Records Clearance Request has been processed for Mrs. Kimberly O'Neal. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Mrs. O'Neal is also contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult

foster care. A current negative TB test is also on file with the Department. The licensing file also contains a written statement from Spectrum Community Services, Inc., naming Kimberly O'Neal as the licensee designee.

As referenced above, Mrs. O'Neal submitted, on behalf of Seven Lakes Home, financial information as part of the new application process. The applicant submitted a current balance sheet for projected income and expenses as well as a projected budget. Based on the information presented, I have determined that the applicant corporation has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

2) Qualifications and Competencies

The licensee designee, Mrs. Kimberly O'Neal, has a 4-year bachelor's degree in interdisciplinary studies. She has completed all training required under AFC licensing. Mrs. O'Neal has over 6 years' experience working with and providing services to developmental disabilities and mental illness. She has also held a position as a Supports Coordinator, Behavioral Technician, Program Administrator and Director since she began employment in 2011 with Spectrum Community Services. Based on personal contact and materials submitted I conclude that Mrs. O'Neal has demonstrated her competency as required by the rule R400.14201.

At the time of the inspection, Mrs. O'Neal indicated that there were no changes to report in information previously submitted in this application for a license. Mrs. O'Neal understands the Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5) and has indicated that it is the intent of the corporation to assure continued compliance with this rule. Mrs. O'Neal understands the Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4) and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Mrs. Kimberly O'Neal is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the licensee designee.

As required by the rule R400.14202, the home has a designated administrator. Ms. Kimberly Martin will act as administrator for Groveland. Ms. Martin has a diploma and more than 20 years of experience working with the population of developmentally disabled and mental illness. For the past ten years, Ms. Martin has held positions as a Direct Care Worker, Medical Coordinator, Program Administrator and Quality Coordinator. Based on the information submitted and information reviewed in the home at the time of the inspection, Ms. Martin meets the requirements of the rules and is qualified based on her background and training to act as administrator for Groveland.

Mrs. O'Neal understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual

intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review, and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. Mrs. O'Neal understands that proprietary agreements may be used but are not to supplant the departments care agreement. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R400.14206.

Individuals, who are interested in placement into Seven Lakes Home, should contact Mrs. O'Neal at the facility. Mrs. O'Neal also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

3) Facility and Employee Records

I have reviewed Spectrum Community Services, Inc., personnel policies and I have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Seven Lakes Home were reviewed and were submitted to the department. They are acceptable as written. Mrs. O'Neal is aware of the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by Mrs. O'Neal (R400.14734a). I have reviewed the process that the corporation follows and find it meets the intent of the administrative rules.

a) Facility Records in General (Rule R400.14209)

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 were acknowledged by Mrs. O'Neal. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant/home administrator understands the requirements set forth in rule R400.14313; and has indicated that the home will

meet the requirement with respect to nutrition and menus as stated in the rule. Mrs. O'Neal understands that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. Mrs. O'Neal understands that a licensed physician must order any special diets implemented in the home.

b) Employee Records (rules R400.14204 and R400.14208)

Mrs. O'Neal the licensee designee understands the requirements for staff qualifications and training and intend to comply with the rules. Mrs. O'Neal understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. Mrs. O'Neal will also verify age and checks references before a person is offered employment. Mrs. O'Neal will provide an orientation and training of its own, training relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the licensee designee understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

4) Resident Care, Services, and Records

Mrs. O'Neal understands the Departmental requirements pertaining to resident records as specified in rule R400.14316. Mrs. O'Neal understands that it is the corporation's intent to comply with these requirements. During the course of the pre-licensing investigation, the licensee designee understands the Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. Mrs. O'Neal understands that it is the intent of the corporation to achieve and maintain compliance with these requirements.

Mrs. O'Neal also understands the Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. Mrs. O'Neal has again indicated that it is their intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator/ licensee designee at the time of the final inspection. Mrs. O'Neal is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.


Mrs. O'Neal has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community-based recreation and leisure time activities commensurate with ability and interest.

Mrs. O'Neal is aware of the requirements of rules R400.14318 and R400.14319 and assures me that the Mrs. O'Neal will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

IV. RECOMMENDATION

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

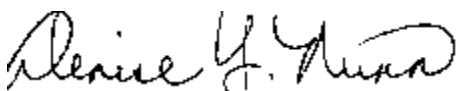


06/05/2019

Frodet Dawisha
Licensing Consultant

Date

Approved By:



06/06/2019

Denise Y. Nunn
Area Manager

Date