



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 20, 2019

Puja Borso  
Creekside Place, INC.  
2995 Weidemann Dr  
Clarkston, MI 48348

RE: Application #: AS630397523  
**Creekside Place**  
**7251 N. Briarcliff Knoll**  
**West Bloomfield, MI 48322**

Dear Mrs. Borso:

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>	AS630397523
<b>Applicant Name:</b>	Creekside Place, INC.
<b>Applicant Address:</b>	7251 N. Briarcliff Knoll West Bloomfield, MI 48322
<b>Applicant Telephone #:</b>	(877) 327-5484
<b>Licensee Designee</b>	Puja Borso
<b>Administrator:</b>	Puja Borso
<b>Name of Facility:</b>	Creekside Place
<b>Facility Address:</b>	7251 N. Briarcliff Knoll West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(877) 327-5484
<b>Application Date:</b>	12/05/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/05/2018	Enrollment
12/05/2018	Contact - Document Sent Acts books
12/05/2018	Inspection Report Requested - Health Invoice No. 1028952
12/05/2018	Application Incomplete Letter Sent 1326, RI-030, and FP for Puja.
12/19/2018	Contact - Document Received 1326 and RI-030 for Puja
12/19/2018	File Transferred to Field Office Pontiac
01/03/2019	Contact - Document Received Licensing file received from Central office
01/18/2019	Application Incomplete Letter Sent
03/12/2019	Application Complete/On-site Needed
04/11/2019	Inspection Completed On-site
07/17/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This evaluation is based on 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.

Creekside Place is located at 7251 N. Briarcliff Knoll Dr, West Bloomfield, MI 48322 and is owned by Creekside Place Inc. Proof of ownership and permission to inspect the property is contained in the facility file.

Creekside Place is a brick, ranch styled structure with 1900 square feet of living space with an attached garage. The home is wheelchair accessible as both means of egress are barrier free. There are no steps at the front entrance of the home that leads to a paved walkway and there is a threshold ramp at the side door of the garage that also

leads to a paved walkway around the home and into the driveway. The home contains a kitchen with a high countertop and two bar stools, a dining room, a living room with a fireplace, four bedrooms, three full bathrooms, a utility room and a deck at the back of the home. The washer and dryer are contained in the utility room located between the kitchen and dining room. The home does not contain a basement.

The home is heated by a natural gas forced-air furnace. The furnace and hot water heater are in the utility room located between the kitchen and dining room and is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system with battery back-up.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'9" x 16'3"	239	2
2	13'9" x 10'9"	147	1
3	13' x 10'8"	138	2
4	11' x 9'	99	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 348 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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. Creekside Place Inc. intends to provide 24-hour supervision, protection and personal care to six (6) adults, male and female who are aged, physically handicapped, traumatically brain injured or who suffer from Alzheimer's disease.

According to the program statement, supervision and personal care services will be provided to each resident based on his or her individual needs. Each resident's plan of care will be established based on his or her individual needs. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, independent living skills and the opportunity for involvement in educational or day programs. Creekside Place will provide room and board, three meals daily, snacks, laundry, cleaning and all aspects of personal care as needed for bathing, toileting, grooming, dressing, personal hygiene and maintenance of medication.

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 and as written and established by qualified behavioral specialists.

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

The applicant is Creekside Place Inc., a “For Profit Corporation”, established in Michigan on August 29, 2018. 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 Creekside Place Inc. has submitted documentation appointing Puja Borso as licensee designee and administrator for this facility.

A criminal history background check of Puja Borso was completed and determined that she is of good moral character to provide licensed adult foster care. Ms. Borso submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Borso provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Borso is the CEO of Creekside Place Inc. and has a Bachelor of Science degree in Occupational Therapy. She is a licensed occupational therapist through the State of Michigan as well as a certified aging in place specialist (CAPS). Ms. Borso has worked with the aged, physically handicapped, mentally ill and traumatically brained injured population within various home care facilities and out-patient therapy clinics for over 15 years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Creekside Place Inc. acknowledged that the staff to resident ratio may need to be increased 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. Creekside Place Inc. has indicated that direct care staff will be awake during sleeping hours.

Creekside Place 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.

Creekside Place Inc. acknowledged an understanding of the responsibility to assess the good moral character of employees. Creekside Place 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.

Creekside Place 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, Creekside Place Inc. 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.

Creekside Place Inc. 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, Creekside Place Inc. 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.

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

Creekside Place Inc. 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.

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

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

Creekside Place Inc. 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. Creekside Place Inc. indicated the intent to respect and safeguard these resident rights.

Creekside Place Inc. 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.

Creekside Place Inc. 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.

Creekside Place Inc. acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/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 6.



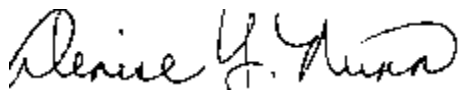
8/16/2019

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Cindy Berry  
Licensing Consultant

Date

Approved By:



08/20/2019

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Denise Y. Nunn  
Area Manager

Date