

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

ORLENE HAWKS DIRECTOR

August 7, 2019

Neiman Byerly Byerly Enterprises, LLC 4759 Owasco Ct. Clarkston, MI 48348

> RE: Application #: AM630397532 Hidden Acres Manor 8616 Hidden Acre Court Clarkston, MI 48348

Dear Mr. Byerly:

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 12 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,

Kisten Donna

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 296-2783

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AM630397532
	71000007002
Licensee Name:	Byerly Enterprises, LLC
Licensee Address:	4759 Owasco Ct. Clarkston, MI 48348
Licensee Telephone #:	(810) 691-6400
Administrator/Licensee Designee:	Neiman Byerly
Name of Facility:	Hidden Acres Manor
Facility Address:	8616 Hidden Acre Court Clarkston, MI 48348
Facility Telephone #:	(248) 241-6507
Application Date:	12/07/2018
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

# II. METHODOLOGY

12/07/2018	On-Line Enrollment
12/10/2018	Contact - Telephone call made Spoke with Neiman completed individual application by mistake. Will submit corporate application.
12/10/2018	Contact - Document Sent Acts book. Corporate App. Fire Safety String
12/10/2018	Inspection Report Requested - Fire
12/21/2018	Contact - Document Received 1326 for Neiman. 100 for Jeannine.
12/21/2018	File Transferred to Field Office Pontiac
01/03/2019	Contact - Document Received Licensing file received from Central office
03/20/2019	Inspection Completed- Fire Safety: A
06/05/2019	Inspection Completed On-site
06/05/2019	Inspection Completed-BCAL Full Compliance
06/11/2019	Contact - Document Received Training documentation
06/30/2019	Contact - Document Received Physical for licensee designee
07/11/2019	Application Incomplete Letter Sent
07/12/2019	Contact - Document Received Letter changing administrator to Neiman Byerly
07/12/2019	Contact - Document Received Revised policies/procedures
07/15/2019	Application Complete

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This 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 licensure of small group facilities, licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

Hidden Acres Manor is located in a residential area at 8616 Hidden Acre Court, Clarkston, MI 48348. The home is a large ranch style home with a walkout basement that has been converted to living space. The upper floor of the home consists of a living room, dining room, kitchen, six single occupancy bedrooms, and one and a half bathrooms. The lower level of the home consists of a family room, dining room, kitchen, four single occupancy bedrooms, one double occupancy bedroom, and one and a half bathrooms. Each floor of the home is wheelchair accessible and has two means of egress that lead to ramps or directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building.

Hidden Acres Manor is located 5 miles away from McLaren Clarkston, which includes a 24/7 emergency department. The Oakland County Sheriff's Department responds to emergency calls from the home. The home is located in a suburban area near many restaurants, recreational facilities, hospitals, shopping centers, and places of worship.

The heating plant and hot water heater are located in a utility room in the lower level of the home with a 1<sup>3</sup>/<sub>4</sub> inch solid core door equipped with an automatic self-closing device and positive latching hardware. The heating system is a boiler that has a current Certificate of Boiler Inspection from the Department of Licensing and Regulatory Affairs Bureau of Construction Codes/Boiler Division. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational, as well as a sprinkler system. A fire safety inspection was completed by the Bureau of Fire Services on 03/20/19 and the facility received full approval. The home has public water and sewer. An environmental health inspection was completed on 07/31/19 and the facility was found to be in substantial compliance with applicable rules. Zoning approval was obtained from the Charter Township of Independence for the home to operate with up to 12 residents.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerators and freezers are equipped with thermometers. I measured the water temperature with a digital thermometer, and it was between 105-120° F.

Bedroom #	Room Dimensions	Total Square	Total Resident
		Footage	Beds
1	10.2 x 12.4	126.5	1
2	10.7 x 11.4	144.8	1
3	10.7 x 12.4	132.7	1
4	12.5 x 16.4	205	1
5	12.2 x 21.9	228.9	1
	(-3.3 x 11.6 closet)		
6	11.2 x 17.5	196	1
7	13 x 15.9	200.7	1
	(-2 x 3 wardrobe)		
8	11.6 x 15.9	172.4	2
	(-2 x 3 wardrobe)		
9	7.8 x 11.6	84.5	1
	(-2 x 3 wardrobe)		
10	11.3 x 13.2	143.2	1
	(-2 x 3 wardrobe)		
11	11.9 x 13.2	151.1	1

(-2 x 3 wardrobe)

Bedrooms were measured during the onsite inspection and have the following dimensions:

Total capacity: 12
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The upstairs and downstairs living room and dining room areas offer a total of 933.6 square feet of living space, which exceeds the required 35 square feet of living space for twelve residents.

Based on the above information, it is concluded that this facility can accommodate twelve 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 Hidden Acres Manor were reviewed and accepted as written. Hidden Acres Manor will provide supervised services twenty-four hours per day, seven days a week to residents who are mentally ill, developmentally disabled, or aged in a family like environment. The goal of the home is to provide care and services to the residents that will maintain and improve the residents' highest level of independence both physically and intellectually, while aiding in areas where they require supervision and protection. A structured, yet flexible, home environment will assist in accomplishing this goal. Residents will have individualized care plans with realistic goals for self-care and assisted care. Hidden Acres Manor will provide assistance and teach residents how

to complete activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. The home will encourage socialization and interaction with other residents of the home. The staff members will also encourage integration in the community whenever possible, in order to maximize the enjoyment of living. Examples include religious events, shopping trips, cultural and holiday community outings, in-home arts and crafts, games, puzzles, movies, etc.

The proposed staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of two staff per twelve residents. If both levels of the home are occupied, there will be one staff to provide supervision on each level of the home. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

## C. Applicant and Administrator Qualifications

The applicant is Byerly Enterprises, LLC, which is a "Domestic Limited Liability Company", established in Michigan on 09/21/18. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Byerly Enterprises, LLC has appointed Neiman Byerly as the licensee designee and administrator of the facility.

A criminal history background check was completed for the licensee designee, Neiman Byerly. He was determined to be of good moral character to provide licensed adult foster care. Mr. Byerly submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

Mr. Byerly meets the qualifications and training requirements identified in the administrative group home rules. Mr. Byerly has over two years of experience as a direct care worker, providing care and supervision to mentally ill, developmentally disabled, and/or aged individuals in a licensed adult foster care facility and home setting.

Mr. Byerly 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.

Mr. Byerly acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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) and the related documents required to demonstrate compliance.

Mr. Byerly acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Mr. Byerly has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained for each resident receiving medication.

Mr. Byerly 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. Byerly acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Mr. Byerly acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Byerly acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Byerly Enterprises, LLC.

Mr. Byerly 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 and indicated the intent to respect and safeguard these resident rights.

Mr. Byerly 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. Byerly 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.

#### C. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection 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 six-month temporary license to this adult foster care facility, Hidden Acres Manor, with a capacity of twelve residents.

Kisten Donna

08/06/2019

Kristen Donnay Licensing Consultant Date

Approved By:

Denie 4 Mun

Denise Y. Nunn Area Manager Date

08/06/2018