



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 1, 2019

Paula Ott
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: Application #: AS440400086
Oregon Home
1568 W. Oregon
Lapeer, MI 48446

Dear Mrs. Ott:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440400086
Applicant Name:	Central State Community Services, Inc.
Applicant Address:	Suite 201 2603 W Wackerly Rd Midland, MI 48640
Applicant Telephone #:	(517) 669-8634
Licensee Designee:	Paula Ott
Administrator	Jamilla Cheatom
Name of Facility:	Oregon Home
Facility Address:	1568 W. Oregon Lapeer, MI 48446
Facility Telephone #:	(810) 989-4272
Application Date:	06/03/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/03/2019	Enrollment
06/10/2019	Application Incomplete Letter Sent AFC 100 for Jamilla & 1326 for Paula Ott
06/24/2019	Contact - Document Received AFC 100 & 1326
06/24/2019	SC-Application Received - Original
07/03/2019	Application Incomplete Letter Sent
07/03/2019	Inspection Report Requested - Health Private Well.
07/03/2019	SC-ORR Response Requested
07/03/2019	SC-ORR Response Received-Approval Lapeer County CMH
07/03/2019	SC-Recommend MI and DD
08/13/2019	Inspection Completed-Env. Health: A
09/18/2019	Inspection Completed On-site
09/24/2019	Application Complete/OFS Needed
09/24/2019	Inspection Completed-BCAL Full Compliance
09/24/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Oregon Home is located at 1568 W. Oregon Road, Lapeer in Lapeer County. The physical plant is a one-level vinyl and brick-sided structure with a full basement. It consists of a living room, family room, dining room, kitchen, two double-occupancy resident bedrooms and two single-occupancy resident bedrooms. There is one full bathroom in the main hallway with a wheelchair accessible shower. The driveway has adequate parking for staff and visitors. The facility is wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with automatic self-closing hinges on the main floor. A furnace

inspection was completed on July 12, 2019. The furnace was found to be operating in safe and good condition with no signs of carbon monoxide. The laundry closet is located in the full bathroom on the main floor. 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.

The facility has a private water system and public sewer system. The facility was inspected by the Lapeer County Health Department on August 13, 2019. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1 (Next to Family Room)	13' x 11'2"	146 ft.	1
Bedroom 2 (Bedroom across from bathroom)	10'6" x 9'6"	102 ft.	1
Bedroom 3 (Back left bedroom)	13'3" x 11'6"	154 ft.	2
Bedroom 4 (Back right bedroom)	13'1" x 13'4"	176 ft.	2

The living, dining and sitting room areas measure a total of 617 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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.

B. Program Description

The applicant, Central State Community Services, Inc., submitted a copy of the required documentation. 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 ambulatory adults, 18 years of age and older, whose diagnosis is aged, physically handicapped, developmentally disabled and mentally impaired in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Central State Community Services, Inc. will ensure that the resident's transportation and medical needs are met. Central State Community Services, Inc. has transportation available for residents to access community-based resources and services. 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

On June 3, 2019, Central State Community Services, Inc. submitted an application to provide foster care services to six adults at 1568 W. Oregon Road, Lapeer, Michigan.

The applicant, Central State Community Services, Inc., which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on October 30, 1984. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Central State Community Services, Inc. submitted a written statement naming Paula Ott as the licensee designee and Jamilla Cheatom as the administrator. Paula Ott and Jamilla Cheatom submitted a licensing record clearance requests that were completed with no LEIN convictions recorded. Paula Ott and Jamilla Cheatom also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Paula Ott and Jamilla Cheatom have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 2 to 6 resident ratios.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "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 (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee record to demonstrate compliance.

The applicant 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, 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.

The applicant 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, the applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant 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. The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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, the applicant 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.

The applicant 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

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 temporary license to this AFC adult small group home (capacity 1-6).

Crecendra Brown

September 24, 2019

Crecendra Brown
Licensing Consultant

Date

Approved By:

Mary Holton

October 1, 2019

Mary E Holton
Area Manager

Date