



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 9, 2019

Marie Kopmeyer
Kopmeyer Enterprises, Inc.
2778 Courville Dr
Bloomfield Hills, MI 48302

RE: Application #: AL630396768
Beehive Homes of Oxford
2778 Courville Drive
73 BeeHive Drive
Oxford, MI 48371

Dear Mrs. Kopmeyer:

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 20 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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL630396768

Licensee Name: Kopmeyer Enterprises, Inc.

Licensee Address: 2778 Courville Dr
Bloomfield Hills, MI 48302

Licensee Telephone #: (248) 783-6288

Administrator/Licensee Designee: Marie Kopmeyer

Name of Facility: Beehive Homes of Oxford

Facility Address: 2778 Courville Drive
73 BeeHive Drive
Oxford, MI 48371

Facility Telephone #: (248) 783-6288

Application Date: 10/15/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

10/15/2018	On-Line Enrollment
10/16/2018	Inspection Report Requested - Fire
10/16/2018	Contact - Document Sent Fire Safety String
10/17/2018	Contact - Document Received 1326, RI-030, FP, and 100 for Marie.
10/18/2018	File Transferred To Field Office Pontiac
10/23/2018	Contact - Document Received Licensing file received from Central office
10/24/2018	Application Incomplete Letter Sent
11/27/2018	Contact - Telephone call made Telephone call made to applicant Marie Kopmeyer. Left a message.
11/27/2018	Contact - Telephone call made The facility will not ready for an inspection until around February 2019.
03/11/2019	Contact - Document Received Received documentation
05/21/2019	Contact - Telephone call made Telephone call made to applicant Marie Kopmeyer to check on the physical plant status. Left a message.
07/31/2019	Contact - Document Received Received documentation
08/07/2019	Application Complete/On-site Needed
08/07/2019	Inspection Completed On-site
08/07/2019	Inspection Completed-BCAL Sub. Compliance
08/07/2019	Application Incomplete Letter Sent A letter was not sent. Verbally informed the licensee designee of the two things that need to be completed.

08/07/2019	Inspection Completed- Env. Health: A Health inspection conducted by licensing consultant. Oakland County Health Division did not conduct the inspection.
08/28/2019	Contact - Document Received Received documentation
08/29/2019	Inspection Completed-Fire Safety: A
08/30/2019	Inspection Completed On-site
09/03/2019	Application Incomplete Letter Sent Emailed Marie Kopmeyer to request missing documents
09/03/2019	Contact - Document Received Received documentation
09/11/2019	Contact - Telephone call made Telephone call made to Bernadette Morris to verify experience
09/11/2019	Contact - Document Received Received documentation
09/11/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a 20-bed facility located in the Village of Oxford. The main level consists of 20 resident bedrooms with attached full bathrooms, an adjoined dining area and living room, a utility closet, two storage closets, a laundry room, a pantry with storage space, and a common full bathroom. There is also an administrative suite consisting of three office spaces, a breakroom, a waiting area and a full bathroom. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

There are two gas furnaces, two water heaters and an Energy Recovery Ventilation (ERV) system located on the upper level of the facility in a room with a 1¾ inch solid core door equipped with positive latching hardware located at bottom of stairs. 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 is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'5"X13'5"- 4'4"X2'6"-5'5"X3'5"	217.83	1*
2	18'8"X13'4"- 5'6"X3'5"-2'5"X4'5"	221.04	1*
3	18'7"X13'5"- 4'5"X2'5"-5'6"X3'5"	219.83	1*
4	18'8"X13'10"- 5'5"X3'5"-2'6"X4'5"	228.61	1*
5	19'8"X10'9"- 4'3"X2'6"	200.82	1*
6	19'8"X10'5"- 2'5"X4'2"	194.87	1*
7	22'7"X13'2"- 4'X2'6"-3'9"X5'5"	267.04	1*
8	22'9"X12'7"- 4'4"X2'6"-3'1"X5'5"	258.68	1*
9	22'5"X12'8"- 4'4"X2'6"-3'5"X5'5"	254.69	1*
10	22'5"X12'7"- 4'5"X2'6"-3'3"X5'5"	253.37	1*
11	23'3"X12'10"- 4'5"X2'5"-3'4"X6'5"	266.22	1*
12	23'3"X12'9"- 2'6"X4'4"-3'4"X6'4"	264.53	1*
13	22'4"X13'1"- 3'4"X5'5"-2'6"X4'4"	263.20	1*
14	22'4"X12'7"- 4'5"X2'6"-5'7"X3'	253.47	1*
15	22'4"X12'7"- 4'5"X2'5"-3'7"X5'5"	250.81	1*
16	22'5"X12'9"- 7'8"X7'10"	225.80	1*
17	18'1"X10'5"- 2'6"X4'4"	177.56	1*
18	18'1"X10'7"- 2'5"X4'4"	180.81	1*
19	18'3"X18'3"- 2'6"X8'8"-4'2"X5'4"	289.15	1*
20	18'1"X13'9"- 5'3"X3'4"-2'6"X4'4"	220.29	1*
		Total capacity:	20

* Up to two residents may be in this bedroom; however, the license capacity is only 20 residents total.

The living, dining, and sitting room areas measure a total of 1793.24 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **20** 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 **20** 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. The applicant intends to accept residents from Oakland County-DHS or private pay individuals as a referral source.

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 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 Kopmeyer Enterprises, Inc. which is a "For Profit Corporation" was established in Michigan, on 03/08/2018. Kopmeyer Enterprises, Inc. 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 Kopmeyer Enterprises, Inc. have submitted documentation appointing Marie Kopmeyer as Licensee Designee and Administrator of the facility.

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

Ms. Kopmeyer have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Kopmeyer is a licensed physical therapist. She has several years of experience with working with various populations including Alzheimer's, Dementia, Aged, and Physically Handicapped.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 2 residents per shift. Ms. Kopmeyer acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Kopmeyer indicated that direct care staff will be awake during sleeping hours.

Ms. Kopmeyer acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Kopmeyer 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.

Ms. Kopmeyer 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Kopmeyer acknowledged 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, Ms. Kopmeyer indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Kopmeyer acknowledged her 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, Ms. Kopmeyer acknowledged her 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.

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

Ms. Kopmeyer acknowledged her 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.

Ms. Kopmeyer acknowledged her 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.

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

Ms. Kopmeyer acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Kopmeyer indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Kopmeyer acknowledged 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. Ms. Kopmeyer 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.

Ms. Kopmeyer acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

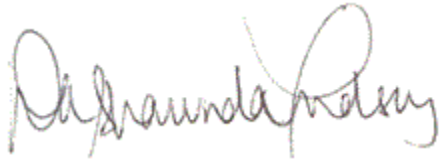
Ms. Kopmeyer acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Kopmeyer Enterprises, Inc. was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of the license with a capacity of 20.

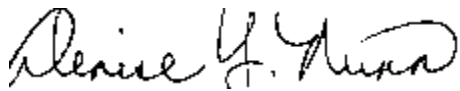


10/9/2019

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



10/09/2019

Denise Y. Nunn
Area Manager

Date