



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 27, 2016

Laura Ditch  
3375 West Walton Blvd.  
Waterford, MI 48329

RE: Application #: AF630381043  
Standish Home for the Elderly  
3375 West Walton Blvd.  
Waterford, MI 48329

Dear Ms. Ditch:

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 black ink that reads "Mildred A. Schwarcz".

Mildred A. Schwarcz, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3967

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630381043
<b>Applicant Name:</b>	Laura Ditch
<b>Applicant Address:</b>	3375 West Walton Blvd. Waterford, MI 48329
<b>Applicant Telephone #:</b>	(248) 636-3619
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Standish Home for the Elderly
<b>Facility Address:</b>	3375 West Walton Blvd. Waterford, MI 48329
<b>Facility Telephone #:</b>	(248) 636-3619
<b>Application Date:</b>	01/12/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/12/2016	Enrollment
01/14/2016	PSOR on Address Completed
01/14/2016	Application Incomplete Letter Sent 1326s/Laura Ditch, Christina McClanahan, Courtney McClanahan.
01/14/2016	Contact - Document Sent Act & Rules.
02/04/2016	Licensing Unit file referred for criminal history review CH-Yes/Christina McClanahan.
02/04/2016	Licensing Unit file referred for criminal history review SC/Laura Ditch.
02/11/2016	Application Complete/On-site Needed
02/11/2016	File Transferred To Field Office Pontiac.
02/16/2016	Contact - Document Received Licensing file received from Central office
03/16/2016	Application Incomplete Letter Sent Additional required documentation requested.
04/14/2016	Contact - Document Received Additional required documentation submitted by applicant.
04/21/2016	Inspection Completed On-site
05/03/2016	Inspection Completed-BCAL Full Compliance
05/03/2016	Exit Conference With applicant.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The proposed facility is a ranch style structure, with brick and vinyl siding. The north section of the facility is the original ranch structure and consists of the resident occupied areas. The south section is a two story addition to the original structure and consists of the private living quarters for the licensee, Laura Ditch, the licensee's daughter, Christina McClanahan, and Ms. McClanahan's minor child. The facility is located in the township of Waterford, within a few miles from community-based resources, such as shopping centers, retail stores, banks, churches, schools, and recreational facilities.

The furnace and hot water heater for the north section of the facility is located in a room that is constructed of material that has a one hour fire resistance rating. The south section of the facility has a furnace and hot water heater for each level. Both furnaces are enclosed in rooms that are constructed of material that has a one hour fire resistance rating. Each of the three furnace enclosure rooms has a 1¾ inch solid core wood door that is side hinged and has a self-closing device. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each section of the facility.

The facility utilizes the municipal water supply system and sewage disposal system. The facility is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 NE	19' x 12'	228	2
2 SE	11' x 13'	143	2
3 NW	14' x 12'	168	2

The living room area measures a total of 240 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

On 1/12/2016, Laura Ditch submitted an application for a license to provide adult foster care services at 3375 W. Walton Blvd., Waterford, Michigan. This application is a change in category from a small group home to a family home. This location is currently licensed as Standish Home for the Elderly, AS630306686.

Ms. Ditch intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and non-ambulatory individuals, whose diagnosis is aged or Alzheimer's. The program will include habilitative training and assistance in basic self-care, including dressing, grooming, eating, bathing, toileting, and personal hygiene. The program will also assist with developing and enhancing the residents' leisure time interests and skills. Additional program elements will be available to residents, in accordance with their specific needs and capabilities and contingent upon the availability of community-based resources.

Ms. Ditch will assure that the residents have access to transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is Ms. Ditch's intent to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Laura Ditch. Ms. Ditch and the responsible person, Courtney McClanahan, submitted medical clearance request forms with statements from their respective physician documenting their good health and current TB-tine negative results.

Ms. Ditch has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for the adult foster care residents.

Ms. Ditch acknowledged her understanding of the requirement of an adult foster care family home that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of Ms. Ditch 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief. Ms. Ditch had experience working as a direct care staff and then as a group home manager for a licensed adult foster small group home prior to assuming the position of administrator for Standish Home for the Elderly. Ms. Ditch has been the administrator for this small group home for at least two years.

Ms. Ditch acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Ditch 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Ditch acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Ditch 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.

Ms. Ditch acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, Ms. Ditch acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

Ms. Ditch 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. Ditch acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged on an emergency basis, with less than a 30 day notice.

Ms. Ditch 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. Ditch indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Ditch acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Ditch has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Ditch acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Ditch acknowledged their responsibility to obtain 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, Ms. Ditch acknowledged their responsibility to maintain a

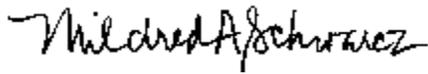
current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

**D. Rule/Statutory Violations**

The facility was determined to be in full compliance with all applicable licensing rules and statute.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).



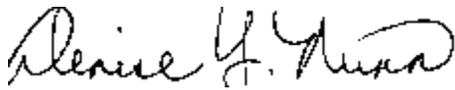
05/24/2016

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Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:



05/27/2016

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Denise Y. Nunn  
Area Manager

Date