



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 7, 2020

Shobha Prasad  
Wishing Well Residence LLC  
7025 Edinborough  
West Bloomfield, MI 48322

RE: Application #: AS630397619  
**Wishing Well Residence LLC**  
**3700 W Walton Blvd**  
**Waterford, MI 48329**

Dear Ms. Prasad:

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 4 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**

<b>License #:</b>	AS630397619
<b>Licensee Name:</b>	Wishing Well Residence LLC
<b>Licensee Address:</b>	7025 Edinborough West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 891-8762
<b>Administrator/Licensee Designee:</b>	Shobha Prasad
<b>Name of Facility:</b>	Wishing Well Residence LLC
<b>Facility Address:</b>	3700 W Walton Blvd Waterford, MI 48329
<b>Facility Telephone #:</b>	(248) 891-8762
<b>Application Date:</b>	12/15/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/15/2018	On-Line Enrollment
12/17/2018	Contact - Document Sent Acts book
12/26/2018	Contact - Telephone call received Rec'd call from licensee re status of pending application.
01/09/2019	Contact - Document Received App. 1326, RI-030, FP, and 100 for Shobha.
01/10/2019	File Transferred To Field Office Pontiac
01/14/2019	Contact - Document Received Licensing file received from Central office
01/24/2019	Application Incomplete Letter Sent
02/01/2019	Contact - Document Received Received proof of ownership
02/13/2019	Inspection Completed On-site
02/13/2019	Inspection Completed-BCAL Sub. Compliance
02/13/2019	Application Incomplete Letter Sent Confirming letter emailed
05/09/2019	Contact - Telephone call made Telephone call made to licensee designee Shobha Prasad. She stated she is still interested in pursuing licensure. She plans to mail the requested documents within the next day or two.
08/29/2019	Contact - Telephone call made Telephone call made to licensee designee Shobha Prasad to see if she still interested in pursuing licensure. Left a message.
09/09/2019	Contact - Document Received Received documentation
09/12/2019	Contact - Telephone call made Telephone call made to licensee designee Shobha Prasad. She stated she will call me back to schedule an inspection.
09/19/2019	Inspection Completed On-site

09/19/2019	Inspection Completed-BCAL Sub. Compliance
09/19/2019	Application Incomplete Letter Sent Letter not sent. The applicant scheduled an electrician to instal additional smoke detector.
09/19/2019	Contact - Document Received Received documentation
10/11/2019	Contact - Document Sent Sent an email to applicant Shobha Pasad to request documentation
12/02/2019	Contact - Document Received Received documentation
12/09/2019	Contact - Document Received Received documentation
12/12/2019	Inspection Completed-BCAL Full Compliance Last onsite completed on 09/19/2019
12/12/2019	LSR Generated
12/12/2019	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

This facility is in the township of Waterford. The main level consists of three resident bedrooms, a kitchen with a sitting area, living room, full bathroom, and laundry room. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are in the "Michigan basement" or crawl space that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11" x 9'4"	95.32	1
2	10'11" x 11'5"	124.71	1
3	17'3" x 9'8"	166.81	2

**Total: 4**

The living, dining, and sitting room areas measure a total of 240.49 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 **four** (4) 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 **four** (4) 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, Oakland County CMH, 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 Wishing Well Residence LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 12/04/2018. Wishing Well Residence LLC 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 members of Wishing Well Residence LLC have submitted documentation appointing Shobha Prasad as Licensee Designee and Administrator of the facility.

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

Ms. Prasad has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Prasad served as licensee designee of Walton AFC (AS630294609) from 06/01/2010 until 07/19/2013 and worked with the following populations: developmentally disabled, mentally ill and traumatic brain injured.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. Ms. Prasad 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. Prasad indicated that direct care staff will be awake during sleeping hours.

Ms. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad 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. Prasad acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Prasad 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. Prasad 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. Prasad indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Prasad 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. Prasad indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Prasad 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.

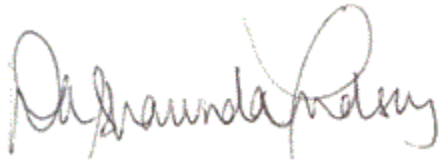
Ms. Prasad acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant Wishing Well Residence LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 4).



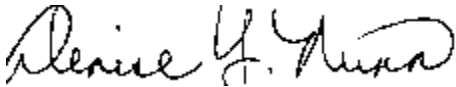
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DaShawnda Lindsey  
Licensing Consultant

12/12/2019

Date

Approved By:



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Denise Y. Nunn  
Area Manager

01/07/2020

Date