



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 12, 2020

Vicki McNally  
Grand Oak Estates  
21238 Lujon Dr  
Northville, MI 48167

RE: Application #: AS630399884  
**Grand Oak Senior Living**  
**28207 Grand Duke Dr.**  
**Farmington Hills, MI 48334**

Dear Ms. McNally:

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 cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630399884
<b>Licensee Name:</b>	Grand Oak Estates
<b>Licensee Address:</b>	21238 Lujon Dr Northville, MI 48167
<b>Licensee Telephone #:</b>	(248) 756-3996
<b>Administrator/Licensee Designee:</b>	Vicki McNally
<b>Name of Facility:</b>	Grand Oak Senior Living
<b>Facility Address:</b>	28207 Grand Duke Dr. Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 571-8077
<b>Application Date:</b>	05/24/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

05/24/2019	On-Line Enrollment
05/29/2019	Inspection Report Requested - Health Invoice No: 1029435
05/29/2019	Contact - Document Sent Forms sent
06/11/2019	Contact - Document Received 1326, RI-030, AFC 100
06/14/2019	Contact - Document Received Licensing file received from Central office
06/24/2019	Application Incomplete Letter Sent
06/24/2019	Application Complete/On-site Needed
01/16/2020	Inspection Completed-Env. Health: A
01/16/2020	Inspection Completed On-site
01/16/2020	Inspection Completed-BCAL Full Compliance

## 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 governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

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

Grand Oak Senior Living is a large ranch located in the City of Farmington Hills, Michigan in Oakland County. The neighborhood is characterized with similar structures on large parcels of land. The facility is located within two miles of convenient neighborhood shopping outlets and strip malls in the area. The home has four bedrooms. In addition to the bedrooms, the home has a kitchen, dining room, living room and a multi-purpose room. There are three bathrooms to accommodate the residents and staff. The home is wheelchair accessible and has two approved means of egress that is equipped with a ramp from the first floor. Grand Oak Senior Living is served by city water and private sewer system. An Environmental Health Inspection was

conducted on 01/16/2020 by the Oakland County Division Sanitarian giving the facility a substantial compliance rating for the sewer system.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware is located at the bottom of the basement leading to the main floor for adequate fire separation. The facility is equipped with an interconnected, hardwired 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	12 X 10	120	1
2	13 X 10	130	1
3	20.11 X 13.04	280	2
4	12.11 X 10.06	136	2

**Total capacity: 6**

The indoor living, dining and multi-purpose areas measure a total of **1020** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mrs. McNally intends to provide 24-hour supervision, protection and personal care to **6** male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, personal adjustment, and public safety. Mrs. McNally intends to accept referrals and has a contracted with Michigan Senior Resources, L.L.C. The applicant also intends to accept residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents. Mrs. McNally intends to utilize the Smart Bus and Gogo Grandparent for transportation and Visiting Physician Associates.

## **C. Applicant and Administrator Qualifications**

Mrs. McNally has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along

with outside employment. Mrs. McNally is a full-time nurse practitioner at Royal Oak Beaumont Hospital.

The applicant is Grand Oak Estates, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 12/28/2018. Mrs. McNally submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Grand Oak Estates, L.L.C. have submitted documentation appointing Vicky McNally as licensee designee and the administrator of the facility.

Criminal history background check of Mrs. McNally was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mrs. McNally submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mrs. McNally has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. McNally is a board-certified nurse practitioner with primary focus/care in adult and geriatrics. She has provided 13 years of care to the aging/senior population.

The staffing pattern for the original license of this **6-bed** facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mrs. McNally acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mrs. McNally has indicated that direct care staff will be awake during sleeping hours.

Mrs. McNally 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.

Mrs. McNally acknowledged an understanding of the responsibility to assess the good moral character of employees. Mrs. McNally acknowledge 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mrs. McNally acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Mrs. McNally 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.

Mrs. McNally 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, Mrs. McNally acknowledged the 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.

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

Mrs. McNally acknowledge the 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.

Mrs. McNally 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.

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

Mrs. McNally 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. Mrs. McNally indicated the intent to respect and safeguard these resident rights.

Mrs. McNally 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.

Mrs. McNally 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.

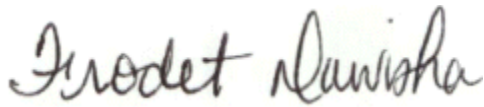
Mrs. McNally acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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 six-month temporary license to this AFC adult small group home capacity of 6.



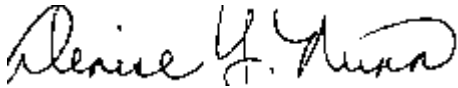
02/05/2020

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:



02/12/2020

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Denise Y. Nunn  
Area Manager

Date