



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 27, 2020

Roger Covill  
North-Oakland Residential Services Inc  
P. O. Box 216  
Oxford, MI 48371

RE: Application #: AS630402011  
**Dunwoodie**  
**1781 Dunwoodie**  
**Ortonville, MI 48462**

Dear Mr Covill:

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, 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>	AS630402011
<b>Applicant Name:</b>	North-Oakland Residential Services Inc
<b>Applicant Address:</b>	106 S. Washington Oxford, MI 48371
<b>Applicant Telephone #:</b>	(248) 969-2392
<b>Administrator/Licensee Designee:</b>	Roger Covill
<b>Name of Facility:</b>	Dunwoodie
<b>Facility Address:</b>	1781 Dunwoodie Ortonville, MI 48462
<b>Facility Telephone #:</b>	(248) 793-3066
<b>Application Date:</b>	10/10/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

10/10/2019	Enrollment
10/11/2019	Application Incomplete Letter Sent 1326 & RI030 for Roger
10/11/2019	Contact - Document Sent 1326 & RI030
11/01/2019	Contact - Document Received 1326 & RI030 for Roger
11/08/2019	Contact - Document Received Licensing file received from central office
11/22/2019	Application Incomplete Letter Sent
12/19/2020	Inspection Completed-Env. Health : A
02/03/2020	Contact - Document Received Received documentation
02/18/2020	Application Complete/On-site Needed
02/18/2020	Inspection Completed On-site
02/18/2020	Inspection Completed-BCAL Sub. Compliance
02/20/2020	Application Incomplete Letter Sent Confirming letter emailed
02/25/2020	Contact - Document Received
02/25/2020	SC-Application Received - Original
03/26/2020	Recommend License Issuance

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

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

This facility is a ranch-styled home in Ortonville. The main level consists of a living room, an open space consisting of a kitchen, dining area and sitting area, laundry room, two full bathrooms, and three resident bedrooms. There is also an office. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility has private water and sewage.

The gas furnace and hot water heater is in the basement with a with a 1 ¾- inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top 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 also equipped with an approved pull station alarm system and a sprinkler system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 17"	187	2
2	11'x 17"	187	2
3	10'10" x 17	184.11	2

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 662.33 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 **six (6)** 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 **six (6)** 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 and Oakland County CMH 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.

North-Oakland Residential Services Inc 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 North-Oakland Residential Services Inc, which is a Non-Profit Corporation was established in Michigan, on 05/30/1980. North-Oakland Residential Services 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 North-Oakland Residential Services Inc have submitted documentation appointing Roger Covill as Licensee Designee and Administrator of the facility.

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

Mr. Covill have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. North-Oakland Residential Services Inc has 15 licensed adult foster care facilities. Mr. Covill serves as the licensee designee and/or administrator of each facility. Mr. Covill has serval years of experience with working with the physically handicapped and developmentally disabled populations.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff –to- six residents per shift. Mr. Covill 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. Mr. Covill indicated that direct care staff will be awake during sleeping hours.

Mr. Covill 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.

Mr. Covill 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.

Mr. Covill 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.

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

Mr. Covill acknowledged his 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, Mr. Covill acknowledged his 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.

Mr. Covill 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.

Mr. Covill acknowledged his 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.

Mr. Covill acknowledged his 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.

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

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

Mr. Covill 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. Mr. Covill indicated his intention to achieve and

maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Covill acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

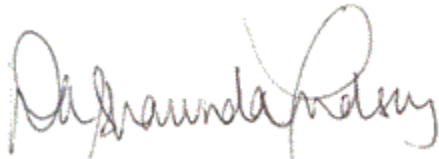
Mr. Covill acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

North-Oakland Residential Services Inc 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 license small group home (capacity of 6).

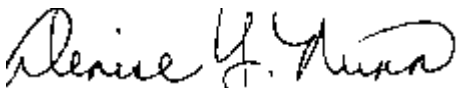


03/26/2020

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



03/27/2020

Denise Y. Nunn  
Area Manager

Date