



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 26, 2021

Sherman Taylor
Taylor's Special Care Services, Inc.
Ste 210
23800 West Ten Mile Rd
Southfield, MI 48034

RE: Application #: AS630405301
Winchester Home
21001 Winchester Street
Southfield, MI 48076

Dear Mr. Taylor:

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

License #:	AS630405301
Licensee Name:	Taylor's Special Care Services, Inc.
Licensee Address:	Ste 210 23800 West Ten Mile Rd Southfield, MI 48034
Licensee Telephone #:	(248) 350-0357
Administrator/Licensee Designee:	Sherman Taylor, Designee
Name of Facility:	Winchester Home
Facility Address:	21001 Winchester Street Southfield, MI 48076
Facility Telephone #:	(248) 350-0357
Application Date:	08/06/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/06/2020	On-Line Enrollment
08/12/2020	On-Line Application Incomplete Letter Sent 1326 & RI030 for Sherman (and Phyllis if she is a Licensee) and AFC100 for Sherman
08/12/2020	Contact - Document Sent 1326, RI030, AFC100
10/14/2020	Contact - Document Received 1326, AFC100 for Sherman
11/10/2020	Contact - Document Received Licensing file received from Central office
11/24/2020	Contact - Document Received Documentation received
11/24/2020	Contact - Telephone call made Telephone call made to licensee designee Sherman Taylor. Onsite inspection scheduled at 10am on 11/30/2020.
11/24/2020	Application Incomplete Letter Sent Emailed letter
11/30/2020	Inspection Completed On-site
11/30/2020	Inspection Completed-BCAL Sub. Compliance
11/30/2020	Application Incomplete Letter Sent Confirming letter emailed
12/02/2020	Contact - Document Received Received documentation
12/02/2020	Contact - Document Received Received documentation
12/12/2020	Contact - Document Received Received verification of compliance
12/16/2020	Application Incomplete Letter Sent Confirming letter sent
12/16/2020	Contact - Document Received Received verification of compliance

12/29/2020	Inspection Completed On-site Virtual follow up inspection
12/29/2020	Inspection Completed-BCAL Sub. Compliance Virtual follow up inspection
12/29/2020	Application Incomplete Letter Sent Confirming letter emailed
12/30/2020	Contact - Document Received Received documentation
01/08/2021	Contact - Document Received Received documentation
01/13/2021	Confirming Letter Sent
01/13/2021	Application Incomplete Letter Sent Confirming letter sent
01/20/2021	Contact - Document Received Received documentation
01/21/2021	Contact - Document Received Received documentation
01/26/2021	LSR Generated
01/26/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a colonial style home located in the city of Southfield. The main level consists of an office, kitchen, dining room, family room, and laundry room. The upper level consists of four resident bedrooms. One of the resident bedrooms has an attached full bathroom. There is another full bathroom located on the upper level as well. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. This 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	11' x 10'	120	1
2	13'6" x 12'5" -9'1 x 2'3"	147.24	1
3	12'5" x 12'	149.04	2
4	16' x 12'	192	2

Total capacity: 6

The living, dining, and sitting room areas measure over 300 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.

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 Taylor's Special Care Services, Inc., which is a "For Profit Corporation" was established in Michigan, on 05/25/2004. Taylor's Special Care 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 Taylor's Special Care Services, Inc. have submitted documentation appointing Sherman Taylor as Licensee Designee and the Administrator of the facility.

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

Mr. Taylor has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Taylor has served as licensee designee and administrator of the following licensed adult foster care facilities: Taylors AFC - Brandywynne (AS630282991) since July 2006, Somerset Home (AS630282992) since September 2006, Bond Home (AS630276023) since September 2006, Briarcrest (AS630290126) since December 2007, and Lee Baker (AS630313908) since October 2012. All these facilities served the mentally ill, developmentally disabled and/or physically handicapped populations.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Mr. Taylor 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. Taylor has indicated that direct care staff will be awake during sleeping hours.

Mr. Taylor 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. Taylor 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. Taylor 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.

Mr. Taylor 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. Taylor 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.

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

Mr. Taylor 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. Taylor indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Taylor 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. Taylor has 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. Taylor 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.

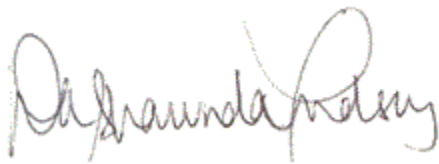
Mr. Taylor acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Taylor's Special Care 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 small group home.

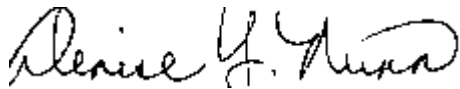


01/26/2021

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



01/26/2021

Denise Y. Nunn
Area Manager

Date