



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 28, 2021

Wendy Davidson  
Carter Country Homes Inc.  
1536 Essay Lane  
Holly, MI 48442

RE: Application #: AS630386668  
**Carter Country Homes**  
**1536 Essay Lane**  
**Holly, MI 48442**

Dear Ms. Davidson:

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>	AS630386668
<b>Applicant Name:</b>	Carter Country Homes Inc.
<b>Applicant Address:</b>	1536 Essay Lane Holly, MI 48442
<b>Applicant Telephone #:</b>	(248) 887-3176
<b>Administrator/Licensee Designee:</b>	Brittni Eagle/Wendy Davidson
<b>Name of Facility:</b>	Carter Country Homes
<b>Facility Address:</b>	1536 Essay Lane Holly, MI 48442
<b>Facility Telephone #:</b>	(248) 240-7828
<b>Application Date:</b>	01/23/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODOLOGY

01/23/2017	Enrollment
01/30/2017	Licensing Unit file referred for background check review REDSCREEN/Patricia.
02/17/2017	Comment File transferred to Mildred Schwarz per information provided in line 6
02/17/2017	File Transferred to Field Office
03/13/2017	Application Incomplete Letter Sent
09/29/2017	Contact - Telephone call made To applicant regarding initial onsite inspection
10/12/2017	Application Complete/On-site Needed
10/12/2017	Inspection Completed On-site
10/12/2017	Inspection Completed-BCAL Sub. Compliance
06/20/2018	Confirming Letter Sent
06/20/2018	Application Incomplete Letter Sent Confirming Letter
08/29/2019	Contact - Telephone call made Telephone call made to licensee designee Wendy Davidson. Mailbox was full. Sent a text message.
09/11/2019	Contact - Telephone call made Telephone call made to licensee designee Wendy Davidson. Left a message.
09/18/2019	Contact - Telephone call made Telephone call made to licensee designee Wendy Davidson. Left a message.
09/18/2019	Contact - Document Sent Sent an email the address listed. Requested a returned call.
09/19/2019	Contact - Document Sent Mailed a 10 day continued interest letter
10/22/2019	Inspection Completed On-site

10/22/2019	Inspection Completed-BCAL Sub. Compliance
10/23/2019	Application Incomplete Letter Sent
10/23/2019	Confirming Letter Sent
09/22/2020	Contact - Document Sent Emailed applicant to determine if she is still interested in licensure.
11/06/2020	Contact - Telephone call made Telephone call made to applicant. Left a message.
11/24/2020	Inspection Completed On-site
11/24/2020	Inspection Completed-BCAL Sub. Compliance
12/02/2020	Confirming Letter Sent
12/02/2020	Application Incomplete Letter Sent Confirming letter emailed
12/04/2020	Contact - Document Received Documentation received
12/19/2020	Contact - Document Received Documentation received
01/05/2021	Confirming Letter Sent
01/05/2021	Application Incomplete Letter Sent Confirming letter emailed
01/19/2021	Contact - Document Received Documentation received
01/21/2021	Contact - Document Received Documentation received
01/26/2021	Contact - Document Received Documentation received
02/09/2021	Contact - Document Received Documentation received

02/11/2021	Contact - Document Sent Requested a program statement specifically for Alzheimer's population
02/28/2021	Contact - Document Received Documentation received
03/04/2021	Inspection Report Requested - Health
03/04/2021	Contact - Document Sent Requested documentation
03/04/2021	Application Incomplete Letter Sent
03/12/2021	Contact - Document Received Received updated medical clearances
03/29/2021	Contact - Telephone call made Telephone call made to Oakland County Health Division. Left a message.
03/31/2021	Contact - Telephone call made Telephone call made to Oakland County Health Division. Spoke with Beverly who stated she was unable to locate the request for an environmental health inspection. She stated a new request may be emailed to ehclerks@oakgov.com
03/31/2021	Contact - Document Sent Emailed the request for an environmental health inspection
04/14/2021	Contact - Telephone call made Telephone call made to Oakland County Environmental Health to see if an inspection was scheduled. An inspection was not scheduled but the request was received. Was informed the applicant may contact the division to schedule the inspection.
04/14/2021	Contact - Document Sent Sent an email to the applicant requesting that they contact the Oakland County Health Division to schedule the environmental health inspection. I sent an email to the applicant requesting they contact the Oakland County Health Division to schedule the environmental health inspection
04/14/2021	Contact - Document Received Received an email from the applicant. The environmental health inspection is scheduled towards the end of this month.

04/21/2021	Inspection Completed-Env. Health: A
04/28/2021	Inspection Completed-BCAL Full Compliance
04/28/2021	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch located in Holly, MI. The main level consists of four resident bedrooms, kitchen with an attached “eat in” area, dining room, living room, and full bathroom. There is a full bathroom attached to one of the resident’s bedrooms. There is also a lavatory off the kitchen that is not for resident use. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes private water and/or 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/bottom 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11’6” x 20’8”	237.71	2
2	12’ x 16’	192	2
3	11’ x 12’6”	137.5	1
4	11’ x 11’10”	130.13	1

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 476.06 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 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 Carter Country Homes Inc., which is a "For Profit Corporation" was established in Michigan, on 03/10/9898. Carter Country Homes 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 Carter Country Homes Inc. have submitted documentation appointing Wendy Davidson as Licensee Designee for this facility and Brittni Eagle as the Administrator of the facility. Ms. Davidson has served as licensee designee and administrator of Carters Blessings (AS630251801) since 2004. Ms. Eagle has provided care to the residents in this facility for the last four years. The population served is physically handicapped, developmentally disabled and aged. Ms. Davidson also served as the responsible person for Carters Country Home (AF630004849) from August 1985 until June 2017. Ms. Eagle provided care to the residents in that facility for five years. The population served was physically handicapped, developmentally disabled, aged, mentally ill, and Alzheimer's.

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

Ms. Davidson and Ms. Eagle have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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. Ms. Davidson 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. Davidson indicated that direct care staff will be awake during sleeping hours.

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

Ms. Davidson 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. Davidson 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. Davidson 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.

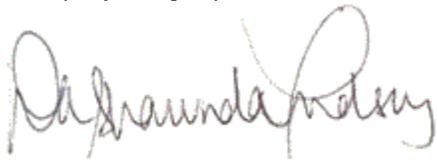
Ms. Davidson acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Carter Country Homes Inc. was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



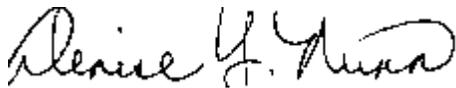
04/28/2021

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



04/28/2021

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Denise Y. Nunn  
Area Manager

Date