



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2020

Misty Novakowski
Devotion Home Health and Personal Care Services, LLC
368 Baintree Blvd
Brighton, MI 48114

RE: Application #: AM470404896
Devotion House
10638 Rushton Rd
South Lyon, MI 48187

Dear Ms. Novakowski:

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 12 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM470404896
Licensee Name:	Devotion Home Health and Personal Care Services, LLC
Licensee Address:	368 Baintree Blvd Brighton, MI 48114
Licensee Telephone #:	(810) 991-1630
Administrator/Licensee Designee:	Misty Novakowski
Name of Facility:	Devotion House
Facility Address:	10638 Rushton Rd South Lyon, MI 48187
Facility Telephone #:	(810) 991-1630
Application Date:	06/25/2020
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

05/28/2020	Inspection Completed-Env. Health : A See AL470404137
05/28/2020	Inspection Completed-Env. Health : A original inspection for AL470404137 will be used for this license as well.
06/25/2020	On-Line Enrollment
07/13/2020	Contact - Document Received 1326 for Misty; AFC 100 for Savannah
07/14/2020	Inspection Report Requested - Health Inv. #1030734
07/14/2020	Contact - Document Sent Fire Safety String
07/23/2020	Application Incomplete Letter Sent
07/24/2020	Inspection Completed On-site
07/24/2020	Inspection Completed-BCAL Sub. Compliance
07/27/2020	Inspection Completed-Fire Safety : A
08/03/2020	Exit Conference with Misty Novakowski.
08/04/2020	CAP Compliance Verification pictures and documents submitted.
08/04/2020	Application Complete/On-site Needed
08/04/2020	PSOR on Address Completed
08/04/2020	Inspection Completed On-site- BCAL Full Compliance- receipt of all documents
09/15/2020	Inspection Completed On-site- measurement of Resident Bedroom #10

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style building with vinyl siding located in Green Oak Township, in the city of South Lyon, Michigan. Green Oak Township is in Livingston County on the

east side of the township. The facility has ample parking in the front of the facility for residents, visitors, and staff members. The front door opens to the common/dining living area which measures 400 square feet. The north side of the building has a living room kitchen, office, salon, game room and two full bathrooms that are not wheelchair accessible. The south side of the building has a hallway with all twelve private bedrooms that each accommodate one resident, a four seasons room, physical therapy room, two full resident bathrooms equipped with wheelchair accessible showers and a powder room for staff, residents and visitors to use. The facility has two approved means of egress which are wheelchair accessible with ramps at these points of egress. The facility hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility. The facility utilizes a private well and private sewage disposal system which was inspected by the Livingston County Health Department on 5/28/2020 and was determined to be in substantial compliance with all environmental health rules.

The facility is equipped with a gas hot water heater and furnace which are both located in the basement of the facility. Floor separation has been secured with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The facility also has central air conditioning. The laundry room is in the basement of the facility. The basement will be utilized for storage and laundry and will not be used by residents.

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. Smoke detectors are located near or in all resident bedrooms, hallways, and near all heat producing equipment. The facility is fully sprinkled. The facility was inspected on 07/27/2020 and has been determined by the Bureau of Fire Services to be in full compliance with the applicable fire safety administrative rules.

Resident bedrooms 1-6 are located on the east side of the facility and resident bedrooms 7-12 are located on the west side of the facility. Resident bedrooms were observed during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'x 11'	99	1
2	9' x11'	99	1
3	9' x11'	99	1
4	9'x11'	99	1
5	9'x11'	99	1
6	9'x11'	99	1
7	10'x10'	100	1
8	10'10'	100	1
9	10'x10'	100	1
10	9'10"x 9'6"	93	1
11	10'x10'	100	1
12	10'x10'	100	1

The indoor living and dining areas measures 4,758 square feet of living space
This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male and/or female residents who are aged and at least 60 years. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The program will provide supportive services and health care assistance for residents in a family environment. The program offers visiting physicians, hospice care, home cooked meals, housekeeping, medication administration, recreational activities, and assistance with activities of daily living. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

C. Rule/Statutory Violations

The applicant is Devotion Home Health and Personal Care Services, LLC., a "For Profit Corporation", established in Michigan on August 17, 2018. The applicant 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.

Criminal history background checks of the applicant Misty Novakowski, who is also the named licensee designee and administrator, were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Novakowski submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The applicant, who has also been named as the licensee designee/administrator, Ms. Novakowski has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Novakowski is a registered nurse and has worked with the aged population as a hospice nurse case

manager beginning in 2015. Ms. Novakowski has also worked as a nurse case manager in home health care in 2016-2017.

The staffing pattern for the original license of this eleven-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff-to-resident ratio may need to be increased 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. Ms. Novakowski intends to have three direct care staff on duty during waking hours and two direct care staff during the night. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Novakowski 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. Novakowski acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Novakowski acknowledges 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) and the related documents required to demonstrate compliance.

Ms. Novakowski 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 designee, Ms. Novakowski will administer medication to residents. In addition, Ms. Novakowski 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.

Ms. Novakowski 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, Ms. Novakowski 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.

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

Ms. Novakowski acknowledged the responsibility to obtain the required 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. Novakowski 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.

Ms. Novakowski acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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. Novakowski 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. The applicant indicated the intent to respect and safeguard these resident rights.

Ms. Novakowski 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.

Ms. Novakowski 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.

Ms. Novakowski acknowledged that residents with mobility impairments will 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 adult foster care medium group home with a capacity of 12 residents.



08/05/2020

Julie Elkins
Licensing Consultant

Date

Approved By:



08/05/2020

Dawn N. Timm
Area Manager

Date