



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 15, 2022

Shobha Prasad
Wishing Well Residence LLC
7025 Edinborough
West Bloomfield, MI 48322

RE: Application #: AS630406954
Wishing Well Residence LLC
3700 West Walton Blvd.
Waterford, MI 48329

Dear Ms. Prasad:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 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,

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 #:	AS630406954
Licensee Name:	Wishing Well Residence LLC
Licensee Address:	7025 Edinborough West Bloomfield, MI 48322
Licensee Telephone #:	(248) 535-5575
Administrator/Licensee Designee:	Shobha Prasad
Name of Facility:	Wishing Well Residence LLC
Facility Address:	3700 West Walton Blvd. Waterford, MI 48329
Facility Telephone #:	(248) 535-5575
Application Date:	01/11/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/11/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Shobha
01/11/2021	On-Line Enrollment
01/11/2021	Contact - Document Sent 1326 & RI030
02/11/2021	Contact - Document Received 1326, RI030 & AFC100 for Shobha
02/22/2021	Application Incomplete Letter Sent
03/17/2021	Contact - Telephone call received Spoke to Applicant and son. Discussed required documents and sent follow up email with Group Home Policy Content Worksheet for clarity.
04/26/2021	Contact - Document Sent Notified applicant of deadline to submit all remaining documents as 5/12/21.
06/03/2021	Contact - Document Sent Emailed applicant Shobha Prasad to schedule an onsite investigation
06/03/2021	Contact - Document Received Received an email from applicant Shobha Prasad requesting the onsite investigation at a later time due to a family matter.
06/03/2021	Application Incomplete Letter Sent No letter sent
07/21/2021	Inspection Completed On-site
07/21/2021	Inspection Completed-BCAL Sub. Compliance
07/22/2021	Application Incomplete Letter Sent Confirming letter emailed
12/06/2021	Contact - Document Sent 10-day continued interest letter emailed
12/13/2021	Inspection Completed On-site

12/13/2021	Inspection Completed-BCAL Sub. Compliance
12/13/2021	Exit Conference Informed applicant that handrails must be added to both open sides of stairs. She agreed to send a picture once completed.
12/29/2021	Contact - Document Received Received verification (a picture) that handrails were added to both open sides of the stairs (front and back of facility)
12/29/2021	Inspection Completed-BCAL Sub. Compliance Last onsite inspection completed on 12/13/2021
12/29/2021	Application Incomplete Letter Sent Confirming letter emailed
03/15/2022	Contact - Document Received Received documentation
03/15/2022	Application Complete/On-site Needed
03/15/2022	Inspection Completed-BCAL Full Compliance Last onsite inspection completed on 12/13/2021
03/15/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is in the township of Waterford. The main level consists of three resident bedrooms, a kitchen with a sitting area, living room, full bathroom, and laundry room. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are in the "Michigan basement" or crawl space that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1³/₄-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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	10'11" x 9'4"	95.32	1
2	10'11" x 11'5"	124.71	1
3	17'3" x 9'8"	166.81	2

Total: 4

The living, dining, and sitting room areas measure a total of 240.49 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 **four** (4) 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 **four** (4) 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, Oakland County CMH, or 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 Wishing Well Residence LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 12/04/2018. Wishing Well Residence LLC 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 members of Wishing Well Residence LLC have submitted documentation appointing Shobha Prasad as Licensee Designee and Administrator of the facility.

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

Ms. Prasad has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Prasad served as licensee designee of Walton AFC (AS630294609) from 06/01/2010 until 07/19/2013 and worked with the following populations: developmentally disabled, mentally ill and traumatic brain injured.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. Ms. Prasad 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. Prasad indicated that direct care staff will be awake during sleeping hours.

Ms. Prasad 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. Prasad 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. Prasad 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.

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

Ms. Prasad 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. Prasad 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. Prasad 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.

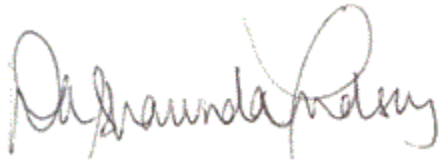
Ms. Prasad acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant Wishing Well Residence LLC 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 (capacity 4).




03/15/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



03/15/2022

Denise Y. Nunn
Area Manager

Date