



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 20, 2022

Eurice Paige
Lotus Community Living Supports Inc.
Suite 208
481 North Main Street
Frankenmuth, MI 48734

RE: Application #: AS250411399
Kimberly Oaks Home
5279 Jennings Road
Flint, MI 48504

Dear Mrs. Paige:

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. If 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250411399

Applicant Name: Lotus Community Living Supports Inc.

Applicant Address: Suite 208
481 North Main Street
Frankenmuth, MI 48734

Applicant Telephone #: (810) 423-2479

Administrator/Licensee Designee: Eurice Paige, Designee

Name of Facility: Kimberly Oaks Home

Facility Address: 5279 Jennings Road
Flint, MI 48504

Facility Telephone #: (810) 423-2479

Application Date: 12/10/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Special Certification: Mentally Ill, Developmentally Disabled

II. METHODOLOGY

12/10/2021	Enrollment
01/12/2022	Inspection Report Requested – Health 1032299
01/18/2022	Lic. Unit file referred for background check review Eurice Paige
01/19/2022	File Transferred to Field Office-Flint via SharePoint

01/26/2022 Inspection Completed-Env. Health: A

01/27/2022 Contact - Telephone call made
With Eurice Paige, Licensee Designee/Administrator

01/27/2022 Application Incomplete Letter Sent
To Eurice Paige

02/10/2022 Contact - Telephone call received
From Eurice Paige, re: documents faxed

02/16/2022 Contact - Document Received
Application documents

03/08/2022 Contact - Document Received
Application documents

03/10/2022 Contact - Document Sent
Letter to Eurice Paige re: change of Licensee

03/23/2022 Contact - Document Received
Application documents

05/09/2022 Contact - Document Received
Application documents from Eurice Paige

05/25/2022 Contact - Document Sent
Email to Eurice Paige re: Application documents

06/16/2022 Contact - Face to Face
With Eurice Paige re: Application complete, scheduling
inspection

06/29/2022 Application Complete/On-site Needed

07/07/2022 Inspection Completed On-site

07/08/2022 Contact - Document Sent
Email to Eurice Paige re: clarity on documentation

07/08/2022 Contact - Document Sent
Email to Eurice Paige re: Special Certification Application

07/11/2022 Contact - Document Received
Email from Eurice Paige re: Special Certification Application

07/20/2022 Recommend License Issuance

07/20/2022 Recommend Special Certification
Mentally Ill and Developmentally Disabled

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kimberly Oaks Home is single-level, brick-sided structure with no basement. The facility consists of an open floor plan with a living room, dining room, kitchen, staff office area, laundry room, activity room, three double-occupancy resident bedrooms, and two full bathrooms. The facility is at grade and wheelchair accessible, with three approved means of egress from the single level. The driveway has adequate parking for staff and visitors. The facility utilizes private water and public sewer system connected to the municipal water supply. The home, which has operated as a licensed AFC under a different licensee, had an environmental inspection completed on 01/26/2022 with an A rating. Francis Corcoran, Creative Development, Inc., is the original builder of this State Designed CLF Specialized Residential home. Corcoran continues to own this property and continues to lease it to Genesee Health Systems for the home’s original purpose of serving the needs of their clients for the past two decades. GHS Contract Manager R. David Hunter provided a letter on 01/13/2022 granting permission for Eurice Paige to seek licensing and maintain the current name/residents.

The furnace, hot water heater, and sprinkler tanks are behind a one-hour protected enclosure with a 1 ¾ inch solid core door equipped with an automatic, self-closing device. The furnace was inspected and found to be fully functioning. 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 on 07/07/2022, and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11’3” x 15’2”	171.89 sq. ft.	2
2	10’8” x 15’2”	164.31 sq. ft.	2
3	11’ x 15’2”	166.83 sq. ft.	2

The indoor living, dining, sitting, and activity areas measure a total of 726.54 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive

latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Lotus Community Living Supports Inc., submitted a copy of the required documentation. 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) female and/or male adults, 18 years of age and older, whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and/or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. This home has special certification to provide services to the mentally ill and developmentally disabled.

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.

Lotus Community Living Supports Inc. will ensure that the resident's transportation and medical needs are met. Lotus Community Living Supports Inc. has transportation available for residents to access community-based resources and services. 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

On 12/08/2021, Lotus Community Living Supports Inc. applied to provide foster care services to six adults at 5279 Jennings Road, Flint, Michigan, Mt. Morris Township.

The applicant, Lotus Community Living Supports Inc., which is a "Michigan Domestic Nonprofit Corporation," was established in Michigan, on 11/22/2021. The applicant submitted a letter of intent to contract with Genesee Health System and continue services for current Genesee Health System residents from the previous licensee.

Lotus Community Living Supports Inc. submitted a written statement naming Eurice Paige as the licensee designee and facility administrator. Eurice Paige submitted licensing record clearance requests that were completed. She also submitted medical clearance requests with statements from a physician documenting their good health and

current TB-test negative results. Eurice Paige has 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1 to 6 resident ratio.

The applicant 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges 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, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

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

The applicant acknowledges 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. The applicant has indicated their intention to

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 temporary license and special certification (developmentally disabled and mentally ill to this AFC adult small group home (capacity 1-6).

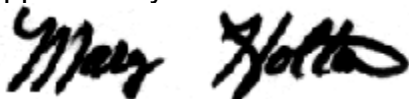


07/20/2022

Derrick Britton
Licensing Consultant

Date

Approved By:



07/20/2022

Mary E. Holton
Area Manager

Date