



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 17, 2022

LaToshia Baruti
Vintage Specialized Services LLC
P.O. Box 541
Leslie, MI 49251

RE: Application #: AS380410974
Creekside Residential Care- West
11260 Dixon Rd
Rives Junction, MI 49277

Dear Ms. Baruti:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS380410974

Applicant Name: Vintage Specialized Services LLC

Applicant Address: 207 E. Bellevue St.
Leslie, MI 49521

Applicant Telephone #: (313) 567-0709

Administrator/Licensee Designee: LaToshia Baruti

Name of Facility: Creekside Residential Care- West

Facility Address: 11260 Dixon Rd
Rives Junction, MI 49277

Facility Telephone #: (989) 318-4304
11/23/2021

Application Date:

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

11/23/2021	Enrollment
11/24/2021	Application Incomplete Letter Sent - New Fps, AFC 100
11/24/2021	Contact - Document Sent - Forms sent
01/13/2022	Contact - Document Received - AFC 100
02/25/2022	Contact - Document Received - Ri030
03/14/2022	Application Incomplete Letter Sent
06/15/2022	Inspection Completed On-site
06/15/2022	Inspection Completed-BCAL Sub. Compliance
08/30/2022	Inspection Completed On-site
09/01/2022	Contact - Telephone call made to the applicant. Follow - up regarding the fire door.
09/06/2022	Contact - Document Received - The applicant documented in writing that the fireplaces in the home will not be utilized.
09/07/2022	Contact - Document Sent - Email with follow-up questions regarding the fire door.
09/09/2022	Contact - Document Received - Video of the fire door. I was unable to review the information as submitted; therefore, additional information was requested.
09/28/2022	Contact - Telephone call received from the applicant. She will send a video of the fire door.
10/01/2022	Contact - Document Received - Information for the fire door.
10/12/2022	SC-Application Received - Original
10/13/2022	Contact - Document Received - Medical information for the applicant.
10/13/2022	Inspection Completed-BCAL Full Compliance
10/13/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

A. Physical Description of Facility

Ms. LaToshia Baruti is the proposed applicant and operator of this facility. This facility is located in a residential neighborhood in the Township of Rives Junction. This ranch style home was built in 1968. This home has a full walkout basement. The primary entrance for residents is in the front of the facility, facing north. This entrance is equipped with a step and handrails. The second identified resident exit is located in the garage, which is also equipped with steps and handrails. This exit leads to an exterior door on the south side of the facility. The facility is not wheelchair accessible.

The primary entrance opens to an entryway, which leads the kitchen on the left and Bedroom #1 on the right. The entryway also leads to the living room and enclosed patio area. To the right is a hallway that leads to Bedroom #2, a full bathroom, and Bedroom #3. Bedroom #3 is equipped with a full bathroom. This bathroom shall only be utilized by occupants of this room.

The heat plant is in the basement of the facility, which is accessed through a door in the kitchen. The door leading to the basement is a 90-minute door; and it is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a boiler, which was inspected in December of 2021. The water heater, washer and electric dryer are also located in the basement of the home. The applicant intends to modify the use of space and move the washer and dryer to the main level of the home. The applicant also intends to remodel the basement, for resident use, at a later date. This facility is equipped with individual air conditioning units.

The facility is equipped with fireplaces on the main level and in the basement of the home. The applicant has indicated in writing that they will not be utilized.

The facility has a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in required areas of the home.

A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	8'9" x 10'11"	96 sq. ft.	1
Bedroom # 2	10'1" x 11'9"	118 sq. ft.	1
Bedroom # 3	11'8" x 14'	163 sq. ft.	2

The indoor living and living areas, (excluding the bedrooms) measure a total of 466 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 4 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 4 male or female ambulatory residents who are 18 to 85 years of age. According to the Program Description, "CRC will provide a comfortable, safe and therapeutic living environment for adults who have mental impairments (MI), intellectual disabilities (ID), developmental disabilities (DD), Aged, Alzheimer's, Parkinson and Traumatic Brain Injured (TBI) and Physically Impaired..."

The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Creekside Residential Care - West strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with CMH Specialized Residential funding. Residents will be referred from Lifeways, Detroit-Wayne County CMH, and Washtenaw County CMH.

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, the applicant intends to utilize local community resources, including but not limited to, attending Planet Fitness, wellness classes, shopping, going to the movies, library, parks, and Cedar Point. Occupants of the home can also take walks on the property, enjoy fishing, and observe livestock.

C. Applicant and Administrator Qualifications

The applicant is Vintage Specialized Services, L.L.C., and is a “For Profit Domestic Limited Liability Company” which was formed on December 23, 2009. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Latoshia L. Baruti is the Resident Agent. 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. Ms. Baruti is the sole owner and member of the L.L.C., and she has stated, in writing, the appointment of herself, as the licensee designee and the administrator for the facility.

A criminal background check of LaToshia Baruti was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Baruti submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Baruti currently operates Creekside Residential Care (AS380390596) adult foster care home. Ms. Baruti has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 4-bed facility is adequate and includes a minimum of 1 staff for 4 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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 <https://miltcpartnership.org> and the related documents required to demonstrate compliance.

The applicant 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 will 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 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

The applicant acknowledged the 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant 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.

The applicant 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.

The applicant 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.

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 to this AFC adult small group home (capacity 1-4).

Mahtina Rubritius

10/13/2022

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

10/17/2022

Ardra Hunter
Area Manager

Date