



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 21, 2022

Erin Gust
Dignitas Inc
P.O. Box 3460
Farmington Hills, MI 48333-3460

RE: Application #: AM630409077
Orchard Lake House 4
24445 Orchard Lake Rd
Farmington Hills, MI 48336

Dear Ms. Gust:

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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM630409077
Applicant Name:	Dignitas Inc
Applicant Address:	Suite 112 24380 Orchard Lake Road Farmington Hills, MI 48336-3460
Applicant Telephone #:	(248) 442-1170
Administrator/Licensee Designee:	Erin Gust, Designee
Name of Facility:	Orchard Lake House 4
Facility Address:	24445 Orchard Lake Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 442-1170
Application Date:	06/11/2021
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/11/2021	Enrollment Online App Download Failure
06/14/2021	Contact - Document Received 1326 & RI030 for Erin
06/28/2021	Application Incomplete Letter Sent
11/24/2021	Contact - Document Received updated application & Additional application fee Chk#35737 Amt: \$40.00
03/16/2022	Contact - Telephone call made Telephone call made to applicant Erin Gust. Left a message.
03/16/2022	Contact - Document Sent Emailed the 10-day continued interest letter
05/17/2022	Contact – Document Received This enrollment was transferred to Sheena Bowman on 05/17/22.
05/20/2022	Contact – Sent The applicant confirmed that she did not respond to the 10-day interest letter that was emailed to her on 03/16/22. The applicant was given until 05/27/22 to submit all required documents, otherwise her application will be closed.
05/23/2022	Contact – Document Received I received most of the requested documents from the applicant on 05/23/22 and 05/27/22.
06/14/2022	Contact – Document Sent I emailed the applicant a letter confirming which documents are approved, corrections needed, and missing items. The applicant has until July 11, 2022, to complete the entire enrollment process.
06/21/2022	Contact – Document Received I received the requested corrected documents.
07/01/2022	Inspection Completed-BCAL Sub. Compliance
07/05/2022	Application Incomplete Letter Sent I emailed a confirming letter to the applicant.

08/02/2022	Contact - Face to Face I completed a virtual onsite via Facetime with Stephanie Guzak regarding the needed corrections in the home. All the corrections were made except for the repairs needed for the door in bathroom #4. The home is still waiting approval from BFS.
08/09/2022	Inspection Completed-Fire Safety: D
09/14/2022	Inspection Completed-Fire Safety: A
09/28/2022	Contact – Face to Face I completed an onsite to observe the home as residents are currently living in the home without a license. I observed all the bathroom door locks. There are two-bathroom locks that are still not in compliance.
10/12/2022	Contact – Document received I received a video of the bathroom locks to confirm they have positive latching and non-locking against egress.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Farmington Hills, MI. There are six bedrooms. There is a full-size bathroom in each bedroom. In bedroom #1, there is a kitchenette that contains a sink, stove, and space for a refrigerator. The licensee designee, Erin Gust agreed to be responsible for assessing the residents assigned to bedroom #1 in order to ensure they are able to appropriately use the stove with or without assistance. Mrs. Gust further agreed to ensure the residents will only be using the stove if it is a part of their plan and the plan will specify how the stove will be used appropriately with or without assistance.

There is a basement in the facility that contains two water heaters and two furnaces. There is a separate exit door in the basement that leads to outside. The basement will not be used by residents. A fire extinguisher and several smoke alarms were observed in the basement. The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is wheelchair accessible. The facility main exit has a wheelchair ramp. The second means of egress leads to a second wheelchair ramp. There is a parking lot. The facility has city water and sewage.

The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which is fully operational. The facility is also equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility including all six bedrooms. The Bureau of Fire Services completed an inspection

on 09/14/22 and an approval rating was received. There are smoke alarms in every bedroom. There are additional smoke alarms located in both sleeping areas. There is a fire extinguisher located near the main entrance and in the living room.

The living room is an open space that leads to the kitchen and a dining area with a table that seats six people. The living area contains a couch and additional chairs for the residents. The refrigerator and freezer contain thermometers. A medication cart was observed for the residents.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, closet, and dresser. The resident's bedroom doors do not have any locks. The bathrooms that are located in each residents' bedrooms are not equipped with non-locking against egress.

On 09/20/22, the licensee designee, Erin Gust allowed six residents to move in the facility prior to receiving a temporary license to operate an AFC group home. Mrs. Gust deliberately disregarded my instructions to not move any residents in the home until she receives a temporary license. Mrs. Gust violated PA 218, as amended, MCL 400.713 et seq.; MCL 16.610(51) et seq. On 10/12/22, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The six resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	22.5 x 20.08	451.8	2
2	14.42 x 20.08	289.55	2
3	20.08 x 14.92	299.59	2
4	14.75 x 20.17	297.50	2
5	20.17 x 14.92	300.93	2
6	14.83 x 20.08	297.78	2

Total Capacity: 12

The living room measure a total of 516.13 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate twelve residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Orchard Lake House 4 will provide 24-hour supervision, protection, and personal care to 12 female and/or male residents.

Orchard Lake House 4 mission is to restore a sense of worth and independence to residents with traumatic brain injuries (TBI) or physically handicapped. Their barrier-free/wheelchair accessible facility will provide services for male and female residents. Orchard Lake House 4 will provide on-going programming including grooming, meal preparation, household chores, budgeting, socialization, community reintegration, and physical conditioning. Orchard Lake House 4 has highly trained management team and paraprofessional staff. Orchard Lake House will also provide transportation in their transportation vans.

C. Applicant and Administrator Qualifications

The licensee for the home is Dignitas Inc. Mrs. Erin Gust will act as the licensee designee and the administrator. A 2021 summer tax statement was received to verify proof of ownership. The facility is owned by Dignitas Holding Company.

Orchard Lake House 4 submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Gust. Mrs. Gust submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results.

Mrs. Gust has served as a licensee designee and administrator since 1998. Mrs. Gust is currently the licensee designee and administrator for five licensed adult foster care group homes in Oakland County and Wayne County. (AS630261979, AS630084211, AS630091852, AS630315897, AS820080727). The population served are traumatically brain injured and physically handicapped. Mrs. Gust twenty-four years of experience satisfies the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes two staff members on duty for the day and afternoon shift and; one staff member during the midnight shift.

Mrs. Gust 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.

Mrs. Gust acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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.

Mrs. Gust 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 designee can administer medication to residents. In addition, Mrs. Gust indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Gust acknowledged her responsibility to obtain all required 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, Mrs. Gust acknowledged her 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.

Mrs. Gust 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.

Mrs. Gust acknowledged her 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. Mrs. Gust also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Gust 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.

Mrs. Gust acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs. Gust 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 licensee designee.

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

Mrs. Gust 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. Mrs. Gust indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mrs. Gust 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.

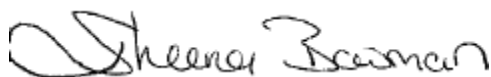
Mrs. Gust acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Orchard Lake House 4 was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

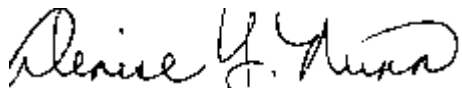
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-12).



Sheena Bowman
Licensing Consultant

10/19/22
Date

Approved By:



10/21/2022

Denise Y. Nunn
Area Manager

Date