



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 4, 2022

Julie Wash  
32035 Tareyton St  
Farmington Hills, MI 48334

RE: Application #: AS630410435  
**Family Centered Homes of Farmington Hills**  
**32035 Tareyton St**  
**Farmington Hills, MI 48334**

Dear Julie Wash:

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. 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 cursive script 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**

<b>License #:</b>	AS630410435
<b>Applicant Name:</b>	Julie Wash
<b>Applicant Address:</b>	32035 Tareyton St Farmington Hills, MI 48334
<b>Applicant Telephone #:</b>	(248) 342-0584
<b>Administrator/Licensee Designee:</b>	Julie Wash
<b>Name of Facility:</b>	Family Centered Homes of Farmington Hills
<b>Facility Address:</b>	32035 Tareyton St Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 342-0584
<b>Application Date:</b>	09/03/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

09/03/2021	Enrollment Online App download failure
09/08/2021	Application Incomplete Letter Sent 1326, RI030 & AFC100 for Julie
09/08/2021	Contact - Document Sent 1326, RI030, AFC100
09/14/2021	Contact - Document Received 1326, RI030, AFC100 for Julie
10/19/2021	Application Incomplete Letter Sent
12/09/2021	Application Incomplete Letter Sent A checklist and examples on how to complete the required forms were sent to the applicant.
03/31/2022	Contact – Document Received I received a few items from the applicant.
04/21/2022	Contact – Document Sent I sent a letter to the applicant regarding the missing items and the items that needed to be corrected.
08/09/2022	Contact – Document Sent I sent a 10-day interest letter to the applicant.
08/22/2022	Contact – Document Received I received additional documents from the applicant.
08/24/2022	Contact – Document Received I received additional documents from the applicant.
08/26/2022	Contact – Document Received I received additional documents from the applicant.
09/06/2022	Contact – Document Received I received additional documents from the applicant.
09/08/2022	Contact – Document Received I received additional documents from the applicant.
09/11/2022	Contact – Document Received I received additional documents from the applicant.

09/13/2022	Contact – Document Received I received additional documents from the applicant.
09/14/2022	Inspection Completed-BCAL Sub. Compliance
09/16/2022	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
09/20/2022	Application Complete/On-site Needed A virtual onsite was completed via Facetime to observe the corrections that were made to the home.
09/20/2022	Inspection Completed-BCAL Full Compliance

### 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 four bedrooms. There is two full bathrooms and one-half bathroom. There is a basement in the facility that contains a water heater and furnace. The basement will not be used by residents. 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 driveway available for parking. 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. There is a smoke alarm in both sleeping areas and a smoke alarm in each bedroom. There is a fire extinguisher located in the kitchen. There are two fire extinguishers in the basement and a combined smoke alarm and carbon monoxide detector.

The living room is an open space that leads to a dining area and the kitchen. The living area contains adequate furniture for the residents. There is a fireplace in the living room that is cosmetic. The refrigerator contains a built-in thermometer for the refrigerator and freezer. A medication file cabinet was observed for the residents. There is a dayroom located near the living room. The dayroom consists of a sitting area for the residents as well as a dining table.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, closet/wardrobe and dresser. The resident's bedroom doors do not have any locks. Only one of the full bathrooms has a lock on the door which is equipped with non-locking against egress. During the

follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The four resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	10.25 x 11.66	119.51	1
2	11.58 x 13.5	156.33	2
3	9.75 x 11.33	110.46	1
4	14.42 x 13.83	199.42	2

**Total Capacity: 6**

The living room and dayroom measure a total of 714 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 six 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. Family Centered Homes of Farmington Hills will provide 24-hour supervision, protection, and personal care to 6 female and/or male residents.

Family Centered Homes of Farmington Hills is located in a family community with great shopping, places of worship and many other services all within a reasonable commute. Our facility is an upscale well-appointed ranch style home with a bright and cheery atmosphere, we have a full house generator to ensure power throughout in case of power outages; Wi-Fi, high speed internet and cable services, and use of computer; large outdoor area patios and two large common areas so families feel welcome to visit and enjoy time with loved ones.

Family Centered Homes of Farmington Hills provides both short term and long-term care 24 hours per day, 7 days per week with a minimum of two (2) employees per shift during waking hours. This care includes, but is not limited to: private and semi-private rooms, residential assessment and care plan before placement, enrichment activities designed to meet the resident's physical and cognitive needs, supervision and assistance with personal care (all ADL's), transportation to appointments and social events, physical exercise, planned social activities, regular balanced meals and snacks with special diets when required, administration of required medication, a physical environment and design that features appropriate support functions for residents with Alzheimer's or related conditions, laundry and housekeeping, and services by a Licensed Podiatrist.

### **C. Applicant and Administrator Qualifications**

The licensee for the home is Family Centered Homes of Farmington Hills. Mrs. Julie Wash will act as the licensee designee and the administrator. I received a copy of the Quit Claim Deed for the home. The facility is owned by Julie Wash.

Family Centered Homes of Farmington Hills 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. Wash. Mrs. Wash submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results.

Mrs. Wash has been the owner of Family Centered Home Healthcare Services, Inc for six years. Mrs. Wash experience consists of providing ADL's, meal planning and preparation, medication administration, and transportation for individuals who are 60 years or older, who are diagnosed with Alzheimer's/dementia, TBI, and/or physically handicapped. Mrs. Wash is also responsible for the daily management, administration, and financial management of the business which includes financial forecasting, scheduling, payroll, and human resources.

On 09/13/22 and 09/16/22, I contacted two individuals who Mrs. Wash provided direct care for their relatives. Mrs. Wash provided direct caregiving services for a total of two years and ten months between both families. The type of caregiving services that Mrs. Wash provided was ADL's, medication administration, transportation, and meal preparation. Mrs. Wash was highly recommended to provide care in a group home setting.

Mrs. Wash's six years of experience satisfies the qualifications and training requirements for knowledge of the needs of the population to be served, financial and administrative management, and foster care. Mrs. Wash has also provided training certificates for nutrition, bloodborne pathogens, first aid, CPR, environment emergency procedures, and recipient rights.

The staffing pattern for the original license of this 6-bed facility is adequate and includes three staff members on duty for the day and afternoon shift and; one staff member during the midnight shift.

Mrs. Wash 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. Wash 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

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

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

Mrs. Wash 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. Wash 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. Wash 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.

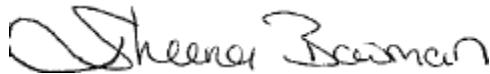
Mrs. Wash acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Family Centered Homes of Farmington Hills 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 1-6).

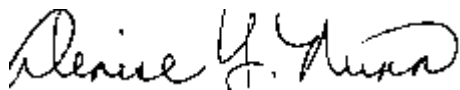


Sheena Bowman  
Licensing Consultant

09/20/22

Date

Approved By:



10/04/2022

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Denise Y. Nunn  
Area Manager

Date