



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2023

Mitchell Naegele  
Oakridge Specialized Residential, LLC  
2444 Oakridge Dr.  
Flint, MI 48507

RE: Application #: AS250414567  
Oakridge Specialized Residential  
2444 Oakridge Dr.  
Flint, MI 48507

Dear Mr. Naegele:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250414567

**Licensee Name:** Oakridge Specialized Residential, LLC

**Licensee Address:** 2444 Oakridge Dr.  
Flint, MI 48507

**Licensee Telephone #:** (810) 288-2226

**Licensee Designee:** Mitchell Naegele

**Administrator:** Katrina Bailey

**Name of Facility:** Oakridge Specialized Residential

**Facility Address:** 2444 Oakridge Dr.  
Flint, MI 48507

**Facility Telephone #:** (810) 288-2226

**Application Date:** 10/21/2022

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

**Special Certification:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

10/21/2022	On-Line Enrollment
10/25/2022	Application Incomplete Letter Sent App Incomplete Ltr, 1326, RI-030, and AFC-100 sent
11/14/2022	Contact - Document Received
11/15/2022	Inspection Completed-Env. Health: A
12/14/2022	PSOR on Address Completed
01/19/2023	Application Complete/On-site Needed
02/07/2023	SC-ORR Response Requested
02/07/2023	SC-ORR Response Received-Approval
02/07/2023	SC-Application Received - Original
02/07/2023	SC-Inspection Completed On-Site
02/07/2023	SC-Inspection Full Compliance
02/07/2023	SC-Recommend MI and DD
02/07/2023	Inspection Completed On-site
02/07/2023	Inspection Completed-BCAL Full Compliance
02/09/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single-story home located in Flint, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is not wheelchair accessible. This facility utilizes public sewage services and a private well. The facility well was inspected and approved for use by the Genesee County Health Department on 11/15/22. This facility is owned by Oakridge Specialized Residential, LLC.

The hot water heater is located in the basement and the furnace is located in the attic space of this facility. Both the basement and attic space are equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected on 9/29/22 and is in good working order.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	14'X9'	126 sq. ft.	1
Bedroom #2	14'X14'	196 sq. ft.	1
Bedroom #3	16'X11'	176 sq. ft.	1
Bedroom #4	21'X14'	294 sq. ft.	2
Bedroom #5	18'X12'	216 sq. ft.	1
<b>Total Capacity = 6 residents</b>			

There are two full bathrooms for resident use on the same level as the resident bedrooms. The living room area measures 609 sq. ft. and a separate sitting room area measures 300 sq. ft. The dining room contains a table and six chairs with room to serve six residents. The laundry area is located on the ground floor of this facility and is adequate to serve the needs of six residents.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant'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 **six**

(6) male or female adults whose diagnosis is developmentally disabled, mentally ill, or traumatic brain injury 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.

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 applicant 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 Oakridge Specialized Residential, LLC. 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.

Mitchell Naegele is the licensee designee and Katrina Bailey administrator for the applicant. Mr. Naegele and Ms. Bailey have submitted documentation to demonstrate that their experience meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed and approved for Mr. Naegele and Ms. Bailey. Mr. Naegele and Ms. Bailey submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. 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-to-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](http://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 applicant, 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 applicant, administrator, and direct care staff or volunteer and the retention schedule for all of 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 of 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 of 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 applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary adult foster care license and special certification to this adult foster care small group home with a capacity of six (6) residents.



02/09/2023

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



02/09/2023

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Mary E. Holton  
Area Manager

Date