



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 19, 2023

Christopher Griffin  
49211 W Central Park  
Shelby Township, MI 48317

RE: Application #: AS500408400  
**Carriage Hill**  
**8959 Carriage Hill**  
**Shelby Township, MI 48317**

Dear Christopher Griffin:

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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500408400
<b>Licensee Name:</b>	Christopher Griffin
<b>Licensee Address:</b>	49211 W Central Park Shelby Township, MI 48317
<b>Licensee Telephone #:</b>	(586) 804-8612
<b>Administrator/Licensee Designee:</b>	Christopher Griffin
<b>Name of Facility:</b>	Carriage Hill
<b>Facility Address:</b>	8959 Carriage Hill Shelby Township, MI 48317
<b>Facility Telephone #:</b>	(586) 804-8612
<b>Application Date:</b>	04/29/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED TRAUMATIC BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

04/29/2021	On-Line Enrollment
04/30/2021	Inspection Report Requested – Health Invoice No: 1031490
04/30/2021	Contact - Document Sent 1326, RI030 & AFC100
04/30/2021	PSOR on Address Completed
01/21/2022	Contact - Document Sent Application incomplete letter via email
01/25/2022	Inspection Report Requested - Health Invoice No: 1032331
02/16/2022	Inspection Completed-Env. Health: A
02/23/2022	Contact - Document Received 1326, AFC-100
02/23/2022	Contact - Document Sent Email sent to Christopher regarding updating his address and application incomplete letter sent
03/08/2022	Contact - Document Received Chk #110 Amt: \$45.00 and Updated app
03/17/2022	Contact - Document Sent Application incomplete requesting Kirsten background and FPs since the application he submitted added her as a co-applicant.
09/02/2022	Contact - Telephone call received Christopher would like to move forward. He is sending an updated app to remove his wife as co app.
09/13/2022	Application Incomplete Letter Sent
03/24/2023	Application Complete/On-site Needed
03/24/2023	Inspection completed onsite
05/16/2023	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

The small adult foster care home is located in a residential area in Shelby Township, Michigan. The home is a single-story structure with an attached garage. The first floor of the home consists of a living room, family room, game room, sunroom, dining room, kitchen, three full bathrooms and five bedrooms. There is a first-floor laundry room.

The furnace and hot water heater are located on the main floor of the home and has a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. The home is equipped with a smoke detection system, with battery backup, which was and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 17.7	193.42	2
2	10.1 x 9.8	97.47	1
3	11.5 x 10.11	124.63	1
4	11.6 x 9.10	113.08	1
5	14.6 x 11.1	160.71	1

**Total capacity: 6**

The living, family, dining, sunroom and gaming room areas measure a total of 1,169 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee'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 ambulatory adults whose diagnosis is aged, traumatic brain injured and Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

Carriage Hill will provide care for aging adults ages 55 and older. Carriage Hill will provide a better quality of life for everyone in our care and will promote in decision-making, exercising person and family choices, gaining a sense of self-direction and independence. Carriage Hill will aim to assist each resident develop to their fullest potential in a loving and caring environment.

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, Christopher Griffin has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. Mr. Griffin also has cash in savings and income from outside employment.

A licensing record clearance request was completed with no LEINn convictions recorded for Mr. Griffin. Mr. Griffin submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Griffin have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Griffin obtained an associate degree as a Registered Nurse in 2011 and is currently licensed through the State of Michigan as a Registered Nurse. Mr. Griffin is currently employed as a hospice nurse and has an abundance of experience in hospice care, case management for patients with traumatic brain injuries, private duty nursing as a home health provider and a police officer.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to- six residents per shift. All staff shall be awake during sleeping hours.

Mr. Griffin 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 one-to-six resident ratio.

Mr. Griffin 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.

Mr. Griffin 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, Mr. Griffin 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.

Mr. Griffin 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.

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

Mr. Griffin 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. Mr. Griffin 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.

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

Mr. Griffin 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, Mr. Griffin 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.

Mr. Griffin 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**

Mr. Griffin 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).

*L. Reed*

05/19/2023

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

05/19/2023

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Denise Y. Nunn  
Area Manager

Date