



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2023

Ruby Scott
Boscott Homes LLC
31868 Northwestern Highway
Farmington Hills, MI 48334

RE: Application #: AS630415467
Boscott Berg
21232 Berg Road
Southfield, MI 48033

Dear Ms. Scott:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630415467
Licensee Name:	Boscott Homes LLC
Licensee Address:	21232 Berg Road Southfield, MI 48033
Licensee Telephone #:	(313) 742-0200
Administrator/Licensee Designee:	Ruby Scott
Name of Facility:	Boscott Berg
Facility Address:	21232 Berg Road Southfield, MI 48033
Facility Telephone #:	(248) 331-9251
Application Date:	01/24/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/24/2023	On-Line Enrollment
01/25/2023	PSOR on Address Completed
01/26/2023	Contact - Document Received RI 030, medical clearance for Ruby Scott and EIN confirmation.
01/27/2023	Contact - Document Received AFC 1326
01/31/2023	Contact - Document Sent Sent email asking for AFC 100.
01/31/2023	Contact - Document Received AFC 100
02/07/2023	Application Incomplete Letter Sent Sent via email to licensee, Ruby Scott.
04/21/2023	Comment Email sent to licensee regarding application incomplete letter and requested documentation.
04/21/2023	Contact - Document Received Licensee designee provided proof of ownership, permission to inspect, medical clearance, TB test, designated person letter, policies and procedures, program statement, admission policy, floor plan, staffing pattern, financial statements, and organization chart.
04/25/2023	Application Incomplete Letter Sent Sent via email to licensee, Ruby Scott regarding documentation not provided.
05/01/2023	Contact - Document Received Licensee provided copies of AFC application, Proof of experience working with population served, job descriptions, refund policy, and several revised policies.
05/02/2023	Application Incomplete Letter Sent Sent via email to licensee, Ruby Scott.
05/03/2023	Contact - Document Received Licensee provided copies of personnel policies and training certificates.

05/15/2023	Application Complete/On-site Needed
05/18/2023	Inspection Completed On-site
05/18/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

The Boscott Berg home is located in a residential area at 21232 Berg Road, Southfield, MI 48033. The ranch style home has a detached garage and a basement. The home has two single occupancy bedrooms, one double occupancy bedroom, a full bathroom, kitchen, living room, and a dining room. There is an additional full bathroom attached to the double occupancy bedroom.

The Boscott Berg home is located 4.3 miles away from Ascension Providence Hospital - Southfield Campus, which includes a 24/7 emergency department. The facility is a short distance from many restaurants, recreational facilities, shopping centers, medical facilities, and places of worship. The Southfield Police Department responds to emergency calls from the home.

The furnace and hot water heater are located in an enclosed room located in the basement of the home, with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is not wheelchair accessible and therefore, they will not accept residents who are non-ambulatory.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'.11" x 10'.8"	94	1
2	9' x 10'.5"	95.4	1
3	12'.6" x 13'	162.5	2

Total capacity: 4

The living room and dining room areas offer a total of 288 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

A copy of the warranty/deed was received showing that the home is owned by Ruby Scott. Ms. Scott provided permission to inspect the property for licensing purposes.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the Boscott Berg home were reviewed and accepted as written. The Boscott Berg home will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. The Boscott Berg home will provide services to individuals with a diagnosis of developmental disabilities, mental illness, and traumatic brain injuries. The Boscott Berg home will provide personal care services in a supervised environment that balances the need to promote the independence, functioning, and personal dignity of each individual, while providing the supportive care services to keep the residents safe and protected. The program will also include social interaction skills, 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.

The Boscott Berg home offers services for male and female adults, aged 18 – 99, who require assistance with their personal care and activities of daily living due to an array of psychiatric, emotional, behavioral, or physical challenges that interfere with their ability to function. Personal care services that may be provided include assistance with feeding, toileting, bathing, grooming, dressing, as well as management and administration of medication. Additional services include maintenance and care of insulin injected diabetics and non-insulin injected diabetics under the supervision of the licensee who is a licensed Registered Nurse.

The Boscott Berg home is a smoke free 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.

The proposed staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff to four residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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 acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

C. Applicant and Administrator Qualifications

The applicant is Boscott Homes LLC which is a “Domestic Limited Liability Company”, established in Michigan on 09/04/2013. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Boscott Homes LLC appointed Ruby Scott as the licensee designee and administrator of the facility. Ms. Scott provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee, Ruby Scott, is qualified to work with individuals diagnoses with developmental disabilities, mentally ill, and traumatic brain injuries. Ms. Scott is a registered nurse with several years of experience providing direct care to patients. Ms. Scott is considered highly qualified in this area of practice and is often sought after in her field due to her expertise and expertise with this population.

Licensing record clearance requests were completed for Ms. Scott. Ms. Scott submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Scott 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.

Ms. Scott acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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 (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Scott acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Scott 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, Ms. Scott acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Scott acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Scott 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.

Ms. Scott acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Scott acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Boscott Homes LLC.

Ms. Scott 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Scott 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.

Ms. Scott 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

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Boscott Berg, with the capacity of four (4) residents.

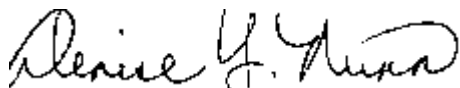


05/30/2023

Johnna Cade
Licensing Consultant

Date

Approved By:



06/01/2023

Denise Y. Nunn
Area Manager

Date