

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 29, 2023

Lena Griffin All Aboard Services & Supports LLC 25004 Chamnley Southfield, MI 48034

> RE: Application #: AS630415946 Chambley Home 25004 Chambley Southfield, MI 48034

Dear Ms. 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 3 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,

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Johnna Cade, Licensing Consultant 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 #: | AS630415946 | | |
|----------------------------------|------------------------------------|--|--|
| | | | |
| Licensee Name: | All Aboard Services & Supports LLC | | |
| | | | |
| Licensee Address: | 18769 Farmington Rd. | | |
| | Livonia, MI 48152 | | |
| | | | |
| Licensee Telephone #: | (224) 224-4890 | | |
| | | | |
| Administrator/Licensee Designee: | Lena Griffin | | |
| | | | |
| Name of Facility: | Chambley Home | | |
| | | | |
| Facility Address: | 25004 Chambley | | |
| | Southfield, MI 48034 | | |
| | | | |
| Facility Telephone #: | (248) 224-4890 | | |
| | | | |
| Application Date: | 03/21/2023 | | |
| | | | |
| Capacity: | 3 | | |
| | | | |
| Program Type: | DEVELOPMENTALLY DISABLED | | |

II. METHODOLOGY

| 03/21/2023 | On-Line Enrollment | |
|------------|---|--|
| 03/23/2023 | PSOR on Address Completed | |
| 03/23/2023 | Contact - Document Sent forms sent | |
| 05/23/2023 | Contact - Document Received 1326/ri030, AFC - 100 and IRS letter | |
| 05/25/2023 | Contact - Document Received Correct FPs. | |
| 05/30/2023 | Application Incomplete Letter Sent | |
| 07/11/2023 | Contact - Document Received Licensee provided copies of rental agreement, medical clearance, TB test, house rules, and permission to inspect. | |
| 08/04/2023 | Contact - Document Received Licensee provided copies of organizational chart, evacuation plan, admission policy, and discharge policy. | |
| 08/29/2023 | Contact - Document Received Licensee provided copies of proposed budget, staffing pattern, proof of training, and a copy of her diploma. | |
| 09/01/2023 | Application Incomplete Letter Sent Sent via email to licensee designee, Lena Griffin regarding documentation not provided. | |
| 10/03/2023 | Application Complete/On-site Needed | |
| 10/03/2023 | Inspection Completed On-site | |
| 10/03/2023 | Inspection Completed-BCAL Sub. Compliance | |
| 11/21/2023 | Inspection Completed On-site | |
| 11/21/2023 | 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 Chambley Home is a condominium located in a in a residential area at 25004 Chambley, Southfield, MI 48034. The two-level condo has a detached garage and a basement. The home has two bedrooms that are located upstairs. There is one single occupancy bedroom and a double occupancy bedroom. There is a full-size bathroom upstairs that is accessible by both bedrooms. The home also has a half bathroom on the main level.

The Chambley home is located 7.8 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 $1\frac{3}{4}$ inch solid core door equipped with an automatic selfclosing device and positive latching hardware. The facility is equipped with fully operational smoke detectors. 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 | 11'.25" x 10'.91" | 122.8 | 1 |
| 2 | 17'.41" x 11'.91" | 207.4 | 2 |

Total capacity: 3

The living room and dining room areas offer a total of 242 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 three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

A copy of the rental agreement was received showing that the home is owned by Ollie Buffington and rented by licensee designee, Lena Griffin on a month-to-month basis. Ms. Buffington 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 Chambley home were reviewed and accepted as written. The Chambley 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 Chambley home will provide services to individuals with developmental disabilities. Their mission is to create and maintain a safe, nurturing, home that meets the specialized needs of the residents and their families. The Chambly home will provide a continuum of services in a nurturing and culturally appropriate environment. Care will be provided in the least restrictive and safe environment to maximize the growth of their residents.

The Chambley home offers services to ambulatory male and female adults, aged 18 – 60. The Chambley home will assist residents in becoming as self-sufficient as possible while providing the necessary assistance and resources needed to maintain an active daily lifestyle.

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 three-bed facility is adequate and includes a minimum of one staff to three 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 All Aboard Services & Supports LLC which is a "Domestic Limited Liability Company," established in Michigan on 05/24/2021. The applicant has

established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

All Aboard Services & Supports LLC appointed Lena Griffin as the licensee designee and administrator of the facility. Ms. Griffin provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee, Lena Griffin, is qualified to work with individuals diagnosed with developmental disabilities. Ms. Griffin has a master's degree in social work from Wayne State University. She has held several different positions in the field of social work. In addition, Ms. Griffin is the owner/provider of All Aboard Services & Supports and All Aboard Transportation Services. Ms. Griffin's company provides individuals with developmental disabilities community living support and non-emergency medical transportation throughout the state of Michigan.

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

Ms. Griffin 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. Griffin 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. Griffin 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. Griffin 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. Griffin 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. Griffin 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. Griffin 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. Griffin 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. Griffin acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Griffin 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 All Aboard Services & Supports LLC.

Ms. Griffin 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. Griffin 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. Griffin 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, Chambley Home, with the capacity of three (3) residents.

Johne Cade

11/22/2023

Johnna Cade Licensing Consultant Date

Approved By:

Denie 4. Munn

11/29/2023

Denise Y. Nunn Area Manager

Date