



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 12, 2024

Arriana Johnston  
McLaurin Behavioral Health LLC  
739 Elderberry CT  
Walled Lake, MI 48390

RE: Application #: AS630416499  
**McLaurin Home**  
**20725 W Thirteen Mile Rd**  
**Beverly Hills, MI 48310**

Dear Ms. Johnston:

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630416499
<b>Licensee Name:</b>	McLaurin Behavioral Health LLC
<b>Licensee Address:</b>	739 Elderberry CT Walled Lake, MI 48390
<b>Licensee Telephone #:</b>	(216) 202-0626
<b>Administrator/Licensee Designee:</b>	Arriana Johnston
<b>Name of Facility:</b>	McLaurin Home
<b>Facility Address:</b>	20725 W Thirteen Mile Rd Beverly Hills, MI 48310
<b>Facility Telephone #:</b>	(216) 202-0626
<b>Application Date:</b>	05/17/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

05/17/2023	On-Line Enrollment
05/31/2023	PSOR on Address Completed
05/31/2023	Contact - Document Sent Forms sent
06/22/2023	Contact - Document Received 1326/RI-030
07/16/2023	Application Incomplete Letter Sent
09/05/2023	Contact - Document Received Received documentation
09/07/2023	Contact - Document Received Received documentation
09/13/2023	Contact - Document Received Received documentation
10/12/2023	Contact - Document Received Received documentation
10/26/2023	Inspection Completed On-site
10/26/2023	Inspection Completed-BCAL Sub. Compliance
10/26/2023	Inspection Completed On-site
11/01/2023	Application Complete/On-site Needed
11/01/2023	Inspection Completed On-site
11/01/2023	Inspection Completed-BCAL Sub. Compliance
11/01/2023	Application Incomplete Letter Sent Confirming letter emailed
11/07/2023	Contact - Document Received Received documentation
11/08/2023	Contact - Document Received Received documentation

11/09/2023	Inspection Completed On-site
11/09/2023	Inspection Completed-BCAL Sub. Compliance
11/09/2023	Application Incomplete Letter Sent Confirming Letter Sent
11/13/2023	Contact - Document Received Received documentation
11/15/2023	Contact - Document Sent Emailed applicant Arriana Johnston requesting documents
11/16/2023	Contact - Document Received Received documentation
11/21/2023	Contact - Document Received Received documentation
11/28/2023	Contact - Document Received Received documentation
12/15/2023	Contact - Telephone call made Telephone calls to verify experience
01/02/2024	Contact - Document Sent Sent a follow-up email
01/04/2024	Contact - Document Received Received documentation
01/04/2024	Contact - Telephone call made Verified experience
01/05/2024	Contact - Document Received Received documentation

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single level ranch located in the Village of Beverly Hills. The facility consists of five resident bedrooms, a kitchen, living room, dining area, two offices, laundry room and four full bathrooms. Two of the full bathrooms are attached to one of the residents' bedrooms. The facility is wheelchair accessible and has two approved

means of egress that are equipped with ramps from the first floor. The facility utilizes public water and sewage.

The gas furnace and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 11'2"	111.67	1
2	11'X15'-4'7" x 1'	160.42	1*
3	12'11" x 10'6" -7'6" x 1'	128.16	1
4	18'4" x 12'1"	219.96	2
5	11'6" x 1'1"	126.5	1

**Total capacity: 6**

\*This room is big enough to accommodate up to two residents.

The living, dining, and sitting room areas measuring over 556.22 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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 developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, and/or private pay individuals as a referral source.

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 licensee 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 McLaurin Behavioral Health LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 02/03/2016. 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.

The members of McLaurin Behavioral Health LLC have submitted documentation appointing Arriane Johnston as Licensee Designee and Administrator of the facility.

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

Ms. Johnston has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Johnston has several years of experience working as a private caregiver. She has worked with the following populations: physically handicapped, developmentally disabled, aged, traumatically brain injured.

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. Ms. Johnston acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Johnston has indicated that direct care staff will be awake during sleeping hours.

Ms. Johnston 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.

Ms. Johnston 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. Johnston 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)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Johnston 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, can administer medication to residents. In addition, Ms. Johnston 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. Johnston acknowledged her 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. Johnston acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Johnston 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.

Ms. Johnston acknowledged her responsibility to obtain the required written assessment, 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. Johnston 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.

Ms. Johnston acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Johnston 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 applicant.

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

Ms. Johnston 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. Ms. Johnston has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Johnston 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.

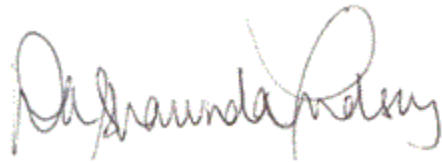
Ms. Johnston acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

McLaurin Behavioral Health LLC 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).



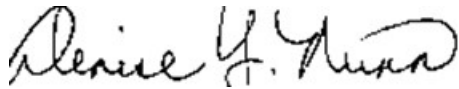
01/11/2024

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



01/12/2024

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Denise Y. Nunn  
Area Manager

Date