



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 29, 2025

Cyle Pickett
The Franklin House
7439 Middlebelt Rd
West Bloomfield, MI 48322

RE: Application #: AS630418745
The Franklin House
5575 Franklin Rd
Bloomfield Hills, MI 48301

Dear Mr. Pickett:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012
Fax: 517-763-0204

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418745
Applicant Name:	The Franklin House
Applicant Address:	5575 Franklin Rd Bloomfield Hills, MI 48301
Applicant Telephone #:	(248) 986-4546
Administrator/Licensee Designee:	Cyle Pickett
Name of Facility:	The Franklin House
Facility Address:	5575 Franklin Rd Bloomfield Hills, MI 48301
Facility Telephone #:	(248) 986-4546
Application Date:	08/08/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

08/08/2024	Enrollment
08/13/2024	PSOR on Address Completed
08/30/2024	Application Incomplete Letter Sent FEIN non listed on the Application
10/07/2024	Contact - Document Received IRS letter
10/22/2024	Application Incomplete Letter Sent
10/22/2024	Contact - Document Sent Email exchange with applicant
11/12/2024	Contact - Document Sent Application documents received via email
12/05/2024	Contact - Document Received Application documents received via email
01/09/2025	Inspection Completed On-site I conducted an original onsite inspection
01/09/2025	Application Complete/On-site Needed
01/09/2025	Inspection Completed-BCAL Full Compliance
01/13/2025	Contact - Document Received Application documents received via email

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located in Bloomfield Township, Michigan. The home has a main level and does not have a basement. The home has six resident bedrooms, two full baths, one half bath, living room, dining room, laundry room and kitchen area. Upon entering the home, the dining room is the right and the living room is to the left. To the right of the living room is a wraparound hallway that leads to the six resident bedrooms, bathrooms, and the furnace room area. Directly past the dining room is a hallway that leads to the kitchen and laundry room. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace and hot water heater system, both located on the main floor of the home. The furnace and hot water heater room is equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 10'	130	1
2	13' 9" x 10'	133	1
3	13' 9" x 10'	133	1
4	13' x 10'	130	1
5	13' x 10'	130	1
6	13' x 10'	130	1

Total capacity: 6

The indoor living and dining areas measure a total of 542 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care six male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills, opportunity for involvement in educational or day programs or employment) and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an

environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is the Franklin House, LLC., a “Domestic Limited Liability Company,” established in Michigan in 06/26/2024. 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 Franklin House, LLC have submitted documentation appointing Cyle Pickett as licensee designee and administrator of the facility.

Criminal history background checks of Mr. Pickett were completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Pickett submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Pickett has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Pickett has a Bachelor of Science in Long Term Care Administration and has worked in the field of home health care and adult foster care since 2007. Mr. Pickett began his career as a direct care staff, providing direct care, personal hygiene, medication management and supervision/protection to the aged population and meets the qualification requirement. Mr. Pickett has 17 years of experience working with the aged and vulnerable adult population.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Mr. Pickett acknowledged that the staff to resident ratio may need to be decreased 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. Mr. Pickett has indicated that direct care staff will be awake during sleeping hours.

Mr. Pickett 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.

Mr. Pickett acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Pickett acknowledged 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.

Mr. Pickett acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Mr. Pickett 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. Pickett 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, Mr. Pickett acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Mr. Pickett 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.

Mr. Pickett 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.

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

Mr. Pickett 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. Mr. Pickett indicated the intent to respect and safeguard these resident rights. Mr. Pickett 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.

Mr. Pickett 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.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

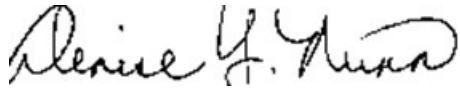


1/22/2025

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/29/2025

Denise Y. Nunn
Area Manager

Date