



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 29, 2025

Gary Ray
Genesee Manor, Inc.
30002 Saint Martins
Livonia, MI 48152

RE: Application #: AS630417946
Nat West Home 1
31835 Alameda
Farmington Hills, MI 48336

Dear Mr. Ray:

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 #:	AS630417946
Applicant Name:	Genesee Manor, Inc.
Applicant Address:	30002 Saint Martins Livonia, MI 48152
Applicant Telephone #:	(313) 344-9689
Administrator/Licensee Designee:	Gary Ray
Name of Facility:	Nat West Home 1
Facility Address:	31835 Alameda Farmington Hills, MI 48336
Facility Telephone #:	(313) 949-2501
Application Date:	10/10/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

10/10/2023	Enrollment
10/10/2023	PSOR on Address Completed
10/10/2023	Application Incomplete Letter Sent 1326/RI030/FPS, AFC 100, Add. app fee of \$105 and the federal ID number was not listed on the app., need to provide the FEIN
10/10/2023	Contact - Document Sent Forms sent
10/31/2023	Contact - Document Received Received an email from Michele that Gary is the LD and she is the administrator
10/31/2023	Contact - Document Sent Resent application incomplete letter asking for additional fee of \$105, 1326/RI030 for Gary and AFC 100 for Michele
11/29/2023	Contact - Document Received 1326 & AFC100
12/12/2023	Contact - Document Received RI030
12/14/2023	File Transferred To Field Office
12/27/2023	Application Incomplete Letter Sent
01/31/2024	Contact - Document Received Facility documents received via email
02/01/2024	Contact - Document Received Facility documents received via email
03/11/2024	Contact - Document Received Facility documents received via email
03/12/2024	Contact - Document Sent I spoke to applicant via email exchange
03/15/2024	Contact - Telephone call made I spoke to applicant via telephone
03/31/2024	Contact - Document Received Application documents received via email

05/05/2024	Contact - Document Received Application documents received via email
05/17/2024	Contact - Document Received Application documents received via email
06/03/2024	Contact - Document Sent Email exchange with applicant
06/21/2024	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 within the city of Farmington Hills, Michigan. The home consists of four resident bedrooms, two full-size bathrooms, a living room, dining room, kitchen and laundry room. The home does not have a basement. Upon entering the home, the living room is the first room entered. Past the living room are the kitchen and dining room. To the right of the living room is one resident bedroom. To the left of the living room is a hallway that leads to three resident bedrooms and two full-size bathrooms, the furnace and hot water heater room, and laundry room. The home is not wheelchair accessible and does not have two approved means of egress equipped with a ramp from the first floor. The home utilizes public water supply and sewage disposal system.

The home utilizes a gas water heater and furnace, which are located on the main level of the home and are equipped with a 1³/₄-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 is fully operational 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	15 x 14	210	2
2	10 x 11	110	1
3	12 x 11	137	2
4	10 x 10	104	1

Total capacity: 6

The indoor living and dining areas measure a total of 224 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 6 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 to six male and/or female residents who are mentally ill or developmentally disabled. 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

Genesee Manor, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 02/12/1986. 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 Genesee Manor, L.L.C. have submitted documentation appointing Gary Ray as licensee designee and Michele Ray administrator of the facility.

Criminal history background checks of Mr. & Mrs. Ray were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. & Mrs. Ray submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. & Mrs. Ray have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. & Mrs. Ray, husband and wife, have been operating licensed adult foster care facilities within the Southeast Michigan area since 1986. Over the past 38 years, Mr. & Mrs. Ray have owned and

operated multiple adult foster care facilities, which has included providing bathing, dressing, grooming, medication administration, personal hygiene, meal preparation and overseeing staff hiring/training and all administrative AFC duties. Mr. & Mrs. Ray currently own and operate two licensed adult foster care facility in Wayne County, Michigan. Mr. & Mrs. Ray also submitted document confirming that they meet the education and training qualifications.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mr. & Mrs. Ray 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. & Mrs. Ray have indicated that direct care staff will be awake during sleeping hours.

Mr. & Mrs. Ray 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. & Mrs. Ray acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. & Mrs. Ray 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. & Mrs. Ray 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 designee will administer medication to residents. In addition, Mr. & Mrs. Ray have 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. & Mrs. Ray 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. & Mrs. Ray acknowledged the 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.

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

Mr. & Mrs. Ray 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. & Mrs. Ray indicated the intent to respect and safeguard these resident rights.

Mr. & Mrs. Ray 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. & Mrs. Ray 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. & Mrs. Ray 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).

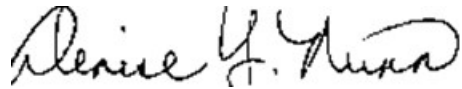


1/16/2025

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/29/2025

Denise Y. Nunn
Area Manager

Date