



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

March 15, 2004

Kimberly Rocca
Creative Lifestyles Inc
Suite # 103
1520 S Lapeer Rd
Lake Orion, MI 48360

RE: Application #: AS500262291
Carol Manor
13311 Carol
Warren, MI 48093

Dear Ms. Rocca:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 mentally ill female adults is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 412-6802.

Sincerely,

Carol Trombley, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6836

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS500262291

Applicant Name: Creative Lifestyles Inc

Applicant Address: Suite # 103
1520 S Lapeer Rd
Lake Orion, MI 48360

Applicant Telephone #: (248) 693-3760

Administrator/Licensee Designee: Kimberly Rocca, Designee

Name of Facility: Carol Manor

Facility Address: 13311 Carol
Warren, MI 48093

Facility Telephone #:

Application Date: 09/23/2003

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

09/23/2003	Enrollment
10/31/2003	Comment Transferred entire file to Clinton Twp.
11/04/2003	Contact - Document Received Licensing file received from Central Office on 11/4/2003.
11/24/2003	Inspection Completed On-site A preliminary inspection was conducted.
03/05/2004	Inspection Completed On-site
03/05/2004	Inspection Completed-BFS Sub. Compliance
03/05/2004	Corrective Action Plan Received
03/05/2004	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental

The facility is a brick ranch, located in an older subdivision in the city of Warren. It consists of three bedrooms, a kitchen, dinette, living room, family room, two bathrooms, and attached garage and a basement with a laundry room. The gas furnace is located in the basement.

Water and sewage systems are public.

The following bedroom dimensions are according to Rule 400.14409(3):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
Northeast	175	2
Norhtwest	112	1
Southwest	123	1

According to Rule 400.14405(1), the following rooms were measured for square feet of indoor living space:

<u>Living Space</u>	<u>Square Footage</u>
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Living Room	212
Family Room	165
Dinette	150

The above measurements for the bedrooms are sufficient for the capacity of four residents. There are presently six residents living in the house. Creative Lifestyles, Inc. is taking the home over from another corporation. There have been six residents living in the home since the home was originally licensed in the 70's. A variance from Lansing has been granted for two residents to reside in the northwest and the southwest bedrooms. There is sufficient living space for six residents.

2. Sanitation

Carol's Manor will utilize public water and sewage systems.

At final inspection, the kitchen and bathroom areas were noted to be adequately equipped and in a clean condition. There was hot and cold running water that was under pressure. All garbage will be kept in leak proof nonabsorbent containers with tight fitting lids. Poisons, caustics and other dangerous materials will be stored and safeguarded in non-resident areas and in non-food preparation and storage areas.

All habitable rooms were noted to be well ventilated. Shower and bath areas were equipped with handrails. Bathrooms and toilet facilities were noted to have forced ventilation to the outside. At final inspection, the facility was determined to be in compliance with the administrative rule requirements relating to sanitation.

3. Fire Safety

The facility was noted to be in full compliance with administrative rule requirements relating to fire safety.

B. Program Description

A. Quality of Care

1. Administrative Structure and Capability

Creative Lifestyles, Inc. was incorporated in March 1984. The corporation's stated purpose is to provide a residential care program for the developmentally disabled and mentally ill.: to provide 24 hour supervision, adequate room and board, transportation to and from medical centers; and to promote personal growth in each individual.

It is the philosophy of Creative Lifestyles, Inc. to provide alternate living situations for adults and who have corresponding disabilities requiring those modes of care. The goal is to assist each individual in maximizing his or her own potential.

The alternative living situations will be structured so that further development in daily living skills, social skills and /or community living skills may occur through the use of planned individualized goals for each participant. These goals are reviewed regularly to assure that continual improvement is occurring and/or that needed changes are made.

Creative Lifestyles, Inc. is a nonprofit corporation. It consists of the following positions: Board of directors, Executive Director, Program Manager Supervisors, and Direct Care Workers.

A review of adult foster care licensing records indicated that Creative Lifestyles, Inc. is currently licensed to operate small group homes in the State of Michigan.

Job Descriptions for the above positions have been submitted to the Department for review and inclusion in the licensing records and have been determined to be acceptable as written.

The following documents have also been submitted to the Department for review and inclusion in the licensing records: Certificate of Incorporation, Articles of Incorporation, and Articles of Incorporation By-Laws.

The corporation has submitted required financial papers.

Kimberly Rocca is the applicant and the home administrator. She will be the person who will be taking the 16 hours of training or 6 credit hours of training on an annual basis.

A licensing record clearance request has been received and processed for Ms. Rocca verifying her good moral character and suitability.

Administrative Rule 400.14103(5) regarding changes in information and Administrative Rule 400.14104 outlining licensee and applicant rights were explained to Ms. Rocca. She indicated that it is the corporation's intent to ensure compliance with these requirements.

At final inspection, the facility was determined to be in compliance with Administrative Rule requirements relating to the administrative structure and capability.

2. Qualifications and Competency

Materials have been submitted to the Department verifying that Ms. Rocca possesses the qualifications for administrator as required by the Administrative Rules. A review of Ms. Rocca's professional background and employment history reveals that she

possesses experience in the field of residential care and in the operation of adult foster care facilities.

Current medical clearance request and release forms have been received certifying that Ms. Rocca is in good physical health and has no limitations for work with or around dependent adults. Results of the TB test indicate that she is free from communicable tuberculosis. At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to administrative qualifications training and health.

3. Program Statement

The Carol's Manor AFC Home will provide services to individuals that allow them to develop and enhance socially acceptable skills thus providing them the opportunity to participate and function as independently as possible in the community. It is further our goal to assure that all other therapeutic and/or support services available will be utilized to further allow for independent functioning. Particular emphasis will be placed on OT assessment and planning, as it is our firm belief that this will provide self-esteem enhancement and adds a measure of meaning and quality of life, as well as, often giving a sense of direction. Creative Lifestyles, Inc, in conjunction with other professional team programs designed to achieve these goals. The residents will be placed through Specialized Residential Services in Macomb County. They will be mentally ill adults.

A copy of the facility's admission/discharge policy has been submitted to the Department for review and is acceptable as written. The admission policy indicated that residents who require skilled nursing care or who are medically fragile, or who have behavior problems which are dangerous to themselves or to others, will not be admitted or retained for care, at the Carol's Manor AFC Home.

Daily work schedules have been developed. The facility's staffing pattern has been reviewed and is determined to reflect the number and type of personnel, which will be scheduled for direct care in the facility, and will meet the minimum requirements of the department.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to admission and discharge and programming.

4. Facility and Employee Records.

At final inspection, the following documents were made available for the department review:

Admission Policy
Program Statement
Discharge Policy

Personnel Policies and Procedures
Emergency Preparedness Plans
Staff Schedules

Specific requirements relating to each individual document were explained to Ms. Rocca and she indicated that it is the corporation's intent to assure compliance with these requirements. It has been determined that the corporation's personnel policies do not conflict with licensing requirements.

Departmental requirements relating to the maintenance of the resident register, as outlined under Administrative Rule 400.14210, were explained to Ms. Rocca. She also has indicated that it is the corporation's intent to assure compliance in the area of employee records.

5. Resident Care, Services and Records

At final inspection, Administrative Rule requirements relating to resident identifying information, health care appraisals, medication logs, health care chronologicals, resident care agreements, assessment plans, weight records, incident reports, resident funds and resident grievances were explained to Ms. Rocca, and she indicated it is the corporation's intent to assure compliance with these requirements. Ms. Rocca was provided with an initial supply of required department forms. Model files, along with checklists for facility, employee, resident, physical plant and fire safety records were given to Ms. Rocca.

Prior to the expiration date of a temporary license, and on-site inspection will be made to determine the facility's level of compliance in the area of resident records. Resident rights as outlined under Administrative Rule 400.14304 were explained to Ms. Rocca and she indicated it is the corporation's intent to assure compliance with the requirement. Requirements pertaining to incident and accident reports as outlined under Administrative Rule 400.14311 were explained to Ms. Rocca and she indicated it is the corporation's intent to comply with Departmental requirements.

Medication procedures were reviewed and it was noted that all medications will be kept in the original containers in a locked cabinet. Medications will be separated according to internal and external use. Only trained staff will be permitted to dispense medications. All medication errors will be reported to the resident's physician and recorded in each resident's health care chronological.

Departmental requirements relating to resident's nutrition, as outlined under Administrative Rule 400.14313, were explained to Ms. Rocca. Menus shall be written at least one week in advance and posted. The licensee for one calendar year shall keep records and menus.

C. Rule/Statutory Violations

The following rules were found to be in violation, and a corrective action plan was received:

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

There were not enough non-skid strips in the bath tub.

VIOLATION ESTABLISHED

R 400.14403 Maintenance of premises.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

The cement in the front of the facility and in the back;, along with patio blocks. needs to be evened out so no one will trip.

VIOLATION ESTABLISHED

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

There is a leak in the basement coming from the floor or the wall.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

