



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

January 20, 2004

John Williams
Progressive Lifestyles Inc
P O Box 9
Davisburg, MI 48350

RE: Application #: AS630260392
High Meadow CLF
Suite 12A
29455 Highmeadow
Farmington Hills, MI 48386

Dear Mr. Williams:

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 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 (248) 975-5053.

Sincerely,

John Pochas, Licensing Consultant
Bureau of Family Services
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(248) 975-5085

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630260392

Applicant Name: Progressive Lifestyles Inc

Applicant Address: Suite 12A
6600 Highland rd.
Waterford, MI 48327

Applicant Telephone #: (248) 620-1837

Administrator/Licensee Designee: John Williams, Designee

Name of Facility: High Meadow CLF

Facility Address: Suite 12A
29455 Highmeadow
Farmington Hills, MI 48386

Facility Telephone #: 248.626.1632
07/28/2003

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/28/2003	Enrollment
09/04/2003	Comment Trans. for on-site, LD file sent to field
09/09/2003	Comment Application rec'd from Lansing
10/09/2003	Inspection Completed On-site
11/14/03	Licensing documents received
12/10/03	Follow up inspection
1/16/04	Final inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Highmeadow facility is a very open and spacious one-story ranch design, brick structure with a carport and an attached two-car garage. The facility is located in a residential area of a subdivision called Holly Hill Farms in Farmington Hills, MI. The home is actually on the northwest corner of Middlebelt and Highmeadow, just south of 13Mile road.

The interior layout of the facility consists of an entry foyer, kitchen, dining room living room, family room, office area, laundry area, three full bathrooms and four bedrooms. The facility has high-beamed ceilings through out and has central air. The total square interior footage is approximately 2,600. The home is not barrier free and is not approved for the accommodation of wheelchair bound residents.

At the time of the preliminary on 10/9/03, the resident bedrooms were measured and were determined to contain the following dimensions and resident capacity:

<u>LOCATION/ROOM</u>	<u>MEASUREMENTS</u>	<u>SQ. FT.</u>	<u>CAPACITY</u>
Bedroom # 1	12' X 10'	120.0	1
Bedroom # 2	11' X 10'	110.0	1
Bedroom # 3	11' X 10'	110.0	1
Master bedroom	23" X 13'	299.0	2

Based on the above information, it is determined that the facility has adequate bedroom space to accommodate up to five (5) residents as requested on the license application.

The living space for the home was measured and is listed below. The home has a living room with total square footage of 376; a family room of 240. The kitchen- dining areas square footage was 234. Based upon the above measurements, there will be more than minimal living space available for the residents of the home.

The bedrooms were evaluated and found to be properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area were also noted to be equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathroom was equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Sanitation

Highmeadow has public water and sewage services. Garbage disposal is supplied through services supplied by the City of Farmington Hills. The kitchen and bathroom areas were evaluated, and were found to be adequately equipped, and in clean condition. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R 40014401(2). The licensee was advised that water temperature should be monitored on a regular basis. The home also met the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located adjacent to the enclosed furnace room. The washer and dryer were properly installed. The dryer is gas and was properly vented.

Fire Safety

The facility is heated with a gas fired forced air furnace located off the hallway leading to the bedrooms. The licensee supplied a copy of a recent furnace inspection for inclusion in the record. The hot water heater is also located in the furnace room. I observed it to be properly installed with a thermostatic control and a pressure relief valve. Because the furnace is located on the same floor as the residents, it required enclosure. I also found the electrical service to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress both generally and for

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bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures which contain written instructions be followed in case of fire, tornado, and medical emergency. Evacuation routes were also observed to be posted throughout the facility with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Farmington Hills Fire Department.

Departmental requirements relating to the maintenance of fire drill records were discussed with the licensee, and the licensee has indicated their intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, this facility was found to be in substantial compliance with administrative rules pertaining emergency preparedness. This facility was also determined to be in full compliance with all departmental requirements pertaining to fire safety.

B. Program Description

1.) Administrative Structure and Capability

On or about 09/09/03 the Department received a license application and application fee from Mr. John R. Williams, on behalf of Progressive Lifestyle Inc, to operate a small group AFC facility at the above referenced address in Farmington Hills, Michigan. The applicant is seeking to operate a program for adult male persons with Developmental Disabilities. The applicant corporation is a domestic non-profit corporation with Mr. Williams, Pam Ison and Connie King as incorporators. The filing endorsement from the Michigan Department of Commerce is dated March 29, 1983

As part of the application process Mr. Williams submitted admissions, discharge policies and a program statement. Also included in the department files are personnel policies, job descriptions, a proposed staffing pattern, a current organizational chart, a proposed budget, and a copy of the current lease between the applicant and the owner of the property at 29455 Highmeadow, a floor plan with room use and size specifications, and current financial documents.

The administrative structure for Highmeadow consists of the following:

John R. Williams, licensee designee, and administrator
Program Manager
Home Manager
Home staff

Personal references are on file and a Records Clearance Request has been processed for Mr. Williams. Based upon the information from the references and the Record Clearance Report, I find that he is of good moral character, sound judgment, and are suitable to provide care to dependent adults. Current Licensing Medical Clearance from Mr. Williams indicates that he is in good physical and emotional health, and there is no reason why he should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is on file with the department.

As referenced above, the applicant submitted financial information as part of the new application form, and updated financial information in the form of a projected cash flow statement. Based on the information presented, I have determined that the applicant has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

Qualifications and Competencies

As part of the application process, Mr. Williams submitted current training information that documents that he possesses training in the required areas as a licensee. The licensing record also contains documentation as to current certification in First Aid and CPR. Mr. Williams has demonstrated that he has the administrative and management expertise to run an Adult Foster Care facility.

A review of adult foster care licensing records indicates that Progressive Lifestyle Inc. is currently licensed to operate other small group homes in the State of Michigan:

AS630012777	Tamarack CLF
AS630012392	Potter Road Home
AS630012665	Berkfield Home
AS630064520	Garetson CLF
AS630067505	Lockhaven CLF
AS630078578	Predmore CLF
AS630084341	Eston CLF
AS630078498	Springfield Oaks CLF
AS6300250479	Michael Court
AS630012593	Hunt Club House
AS630012724	Oakwood AIS/MR Group Home

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Based on the materials submitted I conclude that Mr. Williams has demonstrated competency as required by the rules.

Mr. Williams gave indication that there were no changes to report in information previously submitted in this application for a license. The licensee was advised of departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the applicant to assure continued compliance with this rule. The licensee was also reminded of departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Mr. Williams is in substantial compliance with rule R400.14103 regarding requested information, posting of the license, and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee

As required by the rule R400.14202, the home has a designated administrator in the person of Mr. Williams. Based on the information submitted and contained in the departments licensing record, Mr. Williams meets the requirements of the rules and is qualified based on his background and training to act as administrator.

Program Information

A copy of the program statement has been submitted to the department for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program for male adults who are Developmentally Disabled. The home may only accommodate individuals who are ambulatory. According to the program statement the goal is to provide a setting conducive to meeting the physical, cognitive, emotional and social needs of residents in an environment which assures residents safety, respects their dignity, and challenges residents to function at their highest possible level of ability. Residents are allowed to partake in normal and familiar activities of daily living, and opportunities are provided which emphasize sensory and social stimulation. The levels of functioning of the clients to be served ranges from severe to moderate and may also have behavior problems, which will require extra staff and specialized programming.

The licensee understands that in accordance with rules R400.14307, R400.14308, and R400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize time out or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for departmental review.

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Copies of the proposed admission and discharge policies have been submitted to the department for review and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The staffing pattern will provide for a minimum of one trained staff in the facility at all times when residents are in the home. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R 400.14206.

Individuals interested in placement into the Highmeadow CLF should contact the licensee designee directly at the facility. The licensee designee also understands that the facility will conduct it's own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. The admission policy indicates that residents who require continuous nursing care, are bed-ridden, or who have behavior problems which require isolation or restraint, will not be admitted to, or retained for care in Highmeadow CLF. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

C. Rule/Statutory Violations

Compliance with applicable licensing rules has been determined.

IV. RECOMMENDATION

It is recommended that a temporary license, valid for six (6) months, be issued to Progressive Lifestyles Inc. to operate an Adult Foster Care facility at 29455 Highmeadow, Farmington Hills, Michigan. The terms of the license will allow the applicant to provide services to up to five (5) residents with developmental disabilities.

John Pochas
Licensing Consultant

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Approved By:

Barbara Smalley
Area Manager

Date