



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 24, 2006

Louis Hill
Hill's Support Services, Inc.
16629 Jessica Ln.
Romulus, MI 48174

RE: Application #: AS820278669
Oak Tree
600 Oak St.
Wyandotte, MI 48192

Dear Mr. Hill:

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 (734) 665-4740.

Sincerely,

Julie Loncar, Licensing Consultant
Office of Children and Adult Licensing
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-2633

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820278669
Applicant Name:	Hill's Support Services, Inc.
Applicant Address:	16629 Jessica Lane. Romulus, MI 48174
Applicant Telephone #:	(313) 562-6361
Administrator/Licensee Designee:	Louis Hill, Designee
Name of Facility:	Oak Tree
Facility Address:	600 Oak St. Wyandotte, MI 48192
Facility Telephone #:	(734) 246-3633
Application Date:	09/02/2005
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/02/2005	Enrollment
09/08/2005	Application Incomplete Letter Sent
09/21/2005	Application Complete/On-site Needed
09/21/2005	File Transferred To Field Office Ann Arbor
10/31/2005	Application Incomplete Letter Sent
12/29/2005	Contact - Document Received policies
03/08/2006	Contact - Document Received lease
05/05/2006	Inspection Completed On-site
05/05/2006	Inspection Completed-BFS Full Compliance
12/29/2006	SC-Application Received - Original MI

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two story wood frame structure that is one half of a duplex with a fire wall separation in between. The home has a large living and dining room area, a kitchen area with an enclosed back porch. The upper level has three double bedrooms measuring 204 sq feet, 154 sq ft and 154 sq ft for a total capacity of six residents. The home meets the requirements of **Rule 400.14405 (1)** regarding the home having at least 35 square feet of living space per person. The facility has public water and sewage and has an inter-connected fire alarm system powered through the facility's electrical system.

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 males 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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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, or the responsible person.

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

A licensing record clearance request was completed with no lien convictions recorded for the applicant and Licensee Designee for Hill's Support Services Inc, Louis Hill who is also the facility administrator. Mr. Hill submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Hill has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that the Michigan State Police lien system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges 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, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer

working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

C. Rule/Statutory Violations

There were no rule violations noted.

IV. RECOMMENDATION

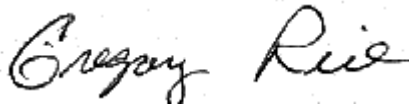
I recommend issuance of a temporary license to this adult small group home (1-6)



Julie Loncar
Licensing Consultant

05/24/2006_____
Date

Approved By



Gregory Rice
Area Manager

05/25/2006

Date