



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

August 28, 2008

Jody Josephson  
10111 Island Lake Road  
Dexter, MI 48130

RE: Application #: AF810289274  
Clara's House  
10111 Island Lake Rd  
Dexter, MI 48130

Dear Ms. Josephson:

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 5 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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant  
Bureau of Children and Adult Licensing  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 780-7548

cc: Adult Services, Washtenaw Co. DHS

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF810289274
<b>Applicant Name:</b>	Jody Josephson
<b>Applicant Address:</b>	10111 Island Lake Road Dexter, MI 48130
<b>Applicant Telephone #:</b>	(734) 426-3733
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Clara's House
<b>Facility Address:</b>	10111 Island Lake Rd Dexter, MI 48130
<b>Facility Telephone #:</b>	(734) 426-3733
<b>Application Date:</b>	03/26/2007
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

03/26/2007	Enrollment
03/28/2007	Application Incomplete Letter Sent 1326 for Jody and Andrew
08/13/2007	Contact - Document Received 1326s for Jody and Andrew
09/13/2007	File Transferred To Field Office Jackson
09/18/2007	Application Incomplete Letter Sent
10/19/2007	Inspection Completed-Env. Health : D
10/25/2007	Contact - Telephone call received Washtenaw Co. Health Dept. representative (David Kluisman) called. Testing of water determined arsenic at unacceptable levels. He inquired if we had related requirements/policy. Explained to him that water simply requires an "A" rating by them.
01/18/2008	Inspection Completed-Env. Health : B Actual test date of water
02/22/2008	Contact - Document Received Verification of ownership and permission to inspect
02/28/2008	Inspection Completed-BFS Sub. Compliance
03/04/2008	Contact - Document Sent Cover letter with request for CAP for annual testing of water and maintenance of water treatment system. Also requires reduction of resident population to four.
03/20/2008	Contact - Document Received C.A.P. from applicant regarding environmental citations
08/08/2008	Contact - Document Received C.A.P. in response to confirming letter
08/14/2008	Contact – Onsite inspection Completed final on-site inspection
08/15/2008	Subsequent confirming letter regarding deficiencies found at final on-site inspection
08/22/2008	Contact – Document Received. C.A.P. from licensee

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

##### 1. Description:

The facility is a two-story brick home located off a rural paved road. It has a one-car attached garage. It has two exits at the rear of the facility, one of which is ramped. There is also an above ground swimming pool and storage garage at the rear of the property. The licensee was provided at the final on-site inspection with a general safety information pamphlet produced by the Michigan Department of Community Health regarding swimming pool safety.

The rear entrance to the facility opens to the kitchen and an adjacent dining area. Off the dining area is the facility living area. The total living area measures 438 square feet.

The 1<sup>st</sup> floor bedroom and full bathroom corridor is also off the kitchen. The door to the basement is also located in this corridor.

The 2<sup>nd</sup> floor of the facility contains the licensee's bedroom, a full bathroom, an additional kitchen, and one resident bedroom.

The resident bedrooms are located and measure as follows:

1 <sup>st</sup> Floor northeast corner bedroom:	13'8" X 13' = 179 sq. ft.	(2)*
1 <sup>st</sup> Floor southeast corner bedroom:	10'5" X 10'9" = 112 sq. ft.	(1)
2 <sup>nd</sup> Floor northeast corner bedroom:	10'9" X 13' + 5'3" X 4'10" = 171 sq. ft	(2)

\*( ) Denotes the number of licensed beds

The licensee stated she has lived in the facility for approximately six years, and no lease was established. It is a verbal agreement.

The facility does not have a central air-conditioning system, but window air-conditioners were reported to be used.

Resident medications are stored in a locking roll top desk located in the facility living room.

##### 2. Sanitation:

The facility utilizes a private well and septic system. On October 19, 2007, the Washtenaw County Health Department inspected both systems and initially determined the private water supply system as unsafe due to arsenic and bacteria levels. The potable water for the facility is now treated with a newly installed filtering system

approved by the health department to remove arsenic. The licensee is now required to annually test her water to “maintain arsenic levels for potable water below the MCL’s for arsenic.” On March 20, 2008, she submitted a plan of correction verifying her commitment to have her water tested annually for arsenic levels. Subsequently, the Health Department provided the facility a temporary approval until the next annual inspection or report.

The Washtenaw County Health Department originally limited the facility to 4 residents due to the number of total occupants; however, the licensee has now reduced the number of adult occupants of the facility, thus allowing 5 adult foster care residents.

The licensee has two small dogs. Vaccinations were current as of the last on-site inspection.

Garbage is removed from the facility weekly by Superior Waste Management.

### 3. Fire Safety:

The facility is heated by a fuel oil fired hot water boiler located in the basement of the facility. The electric water heater is also located in the basement. The boiler was last inspected on February 24, 2008. A copy of the inspection report/billing is contained in the licensing record.

The facility has two wood-fired fireplaces. The licensee has submitted a signed and dated letter verifying these two fireplaces will not be used.

The facility is protected by battery operated smoke detectors.

Evacuation plans are posted on both floors of the facility.

The rear exit of the facility is wheelchair accessible at ground level.

## **B. Program Description**

### 1. Administrative structure and capability:

Licensing for this facility is based upon Public Act 218 and the administrative rules for family homes.

Criminal background checks were conducted on the licensee via the Michigan State Police database.

### 2. Qualifications and competencies

The licensee has been providing caretaking services for the owner of the home for a number of years. The owner is aged and physically disabled. According to the

licensee, she has assisted in providing in-home nursing aid services for a number of years. She has done this privately and on her own. She also stated she has a 2005 certification in geriatrics from Allegra Learning Solutions and was trained as a medical assistant through Ross Medical Education Center.

Responsible persons will be trained by the licensee regarding the care requirements of the residents of the facility.

The licensee was determined by a physician to be in good physical and mental condition and health to be in contact with or around dependent adults. A copy of her Licensing Medical Clearance is contained in the licensing record.

### 3. Program information

The licensee will be providing adult foster care to males or females who are aged, confined to a wheelchair, and or diagnosed with Alzheimer's disease.

Compliance with the administrative rules regarding personal care, supervision, and protection will be evaluated after residents are admitted to the home during the temporary license.

### 4. Facility and Employee records

The required records for an adult foster care home were reviewed with the licensee on August 14, 2008. An initial supply of forms was provided to her at that time. She was advised to establish resident record files with required forms prior to admission of residents. She was also advised to establish a separate file or record for each responsible person.

All employee and resident records will remain in the licensed facility.

### 5. Resident care, services, & records:

The applicant signed a statement affirming her understanding of resident rights and her intention to respect those rights with copies of the resident rights pamphlets distributed to all residents or their designated representatives. A copy of the statement is contained in the licensing record.

The rules pertaining to resident protection, assessment, behavior management, health care, nutrition, medications, hygiene, funds and valuables were reviewed with the licensee on August 14, 2008.

### 6. Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with

Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

**IV. RECOMMENDATION**

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to five males or females who are aged, confined to a wheelchair and/or diagnosed with Alzheimer's disease.



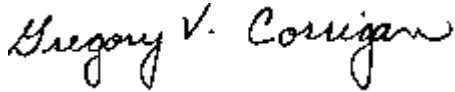
8/25/2008

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Chuck Wisman  
Licensing Consultant

Date

Approved By:



08/28/2008

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Gregory V. Corrigan  
Area Manager

Date