



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 18, 2011

Charlotte Coleman- White
Charlottes Care, Inc.
17373 Roxbury
Southfield, MI 48075

RE: Application #: AS630305365
Charlotte's Care III
17373 Roxbury Ave.
Southfield, MI 48075

Dear Ms. Coleman- White:

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,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 972-9131

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS630305365 |
| Applicant Name: | Charlottes Care, Inc. |
| Applicant Address: | 17373 Roxbury Southfield, MI 48075 |
| Applicant Telephone #: | (734) 557-8106 |
| Administrator/Licensee Designee: | Charlotte Coleman- White |
| Name of Facility: | Charlotte's Care III |
| Facility Address: | 17373 Roxbury Ave. Southfield, MI 48075 |
| Facility Telephone #: | (248) 761-7452 |
| Application Date: | 10/22/2009 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 10/22/2009 | Enrollment |
| 10/27/2009 | Application Incomplete Letter Sent Regarding record clearance for Charlotte Coleman-White |
| 12/17/2009 | Application Incomplete Letter Sent |
| 12/21/2010 | Application Complete/On-site Needed |
| 01/19/2011 | Inspection Completed On-site |
| 01/19/2011 | Inspection Completed-BCAL Sub. Compliance |
| 03/24/2011 | Inspection Completed On-site |
| 04/12/2011 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two level, colonial style house with a two car attached garage. It is of brick structure with wood siding. There is wood fencing around the backyard; however, entry or exit is not restricted. The facility has a concrete driveway which allows for adequate off street parking for staff and visitors. The facility is located in a residential neighborhood in the city of Southfield. The neighborhood has similar style single family dwellings. The facility is within a few miles of shopping centers, recreational and cultural facilities, hospitals and other community-based resources.

The main floor consists of the living room, the dining room, the kitchen, a family room, the laundry room, a half-bathroom, and a Florida room. The second floor consists of two single occupancy resident bedrooms, two double occupancy resident bedrooms, one full bathroom with an enclosed shower, and one full bathroom with a tub.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairway. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12'6" x 9' | 113 square feet | 1 |
| 2 | 12' x 9' | 108 square feet | 1 |
| 3 | 8'6" x 16' | 136 square feet | 2 |
| 4 | 11' x 23'8" | 260 square feet | 2 |

The family room measures a total of 280 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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** (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired or traumatic brain injured, 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 Community Network Services.

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, and the responsible agency.

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

The applicant is Charlotte's Care, Inc., a nonprofit Corporation established in Michigan on April 19, 1988. On October 22, 2009, the corporation submitted an application to provide adult foster care services at 17373 Roxbury, Southfield, Michigan. The corporation currently operates two licensed adult foster care small group homes in Wayne County, Michigan.

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 Board of Directors of Charlotte's Care, Inc. has submitted documentation appointing Charlotte Coleman-White as licensee designee and administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator 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 one staff to six residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledged 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Cogent Systems, and the related documents required to be maintained in each employee's record to demonstrate compliance.

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

The applicant acknowledged 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 acknowledged 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.

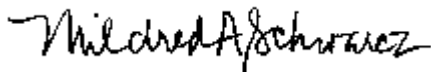
The applicant acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



4/18/2011

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



4/18/2011

Denise Y. Nunn
Area Manager

Date