



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 23, 2012

Theressa Nelson
My Beloved Group Home
24260 Radclift Street
Oak Park, MI 48237

RE: Application #: AS630315791
My Beloved Group Home
24260 Radclift Street
Oak Park, MI 48237

Dear Ms. Nelson:

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 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 (248) 975-5053.

Sincerely,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
28 N. Saginaw, Suite 1000
Pontiac, MI 48342
(248) 975-5084

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630315791
Applicant Name:	My Beloved Group Home
Applicant Address:	24260 Radclift Street Oak Park, MI 48237
Applicant Telephone #:	(248) 470-0063
Administrator & Licensee Designee:	Theressa Nelson
Name of Facility:	My Beloved Group Home
Facility Address:	24260 Radclift Street Oak Park, MI 48237
Facility Telephone #:	(248) 470-0063
Application Date:	09/28/2011
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/28/2011	Enrollment
10/26/2011	Application Incomplete Letter Sent SOS Theresa name & address
11/04/2011	Contact - Document Received AppIncltr returned No Such Number, a typo corrected and resent.
11/04/2011	Application Incomplete Letter Sent SOS Theresa name and address.
11/04/2011	Contact - Document Sent Act&Rules books.
11/15/2011	Application Complete/On-site Needed
11/21/2011	Inspection Completed On-site
11/21/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Note:

Theresa Nelson obtained an Adult Foster Care license (AS630309555) for this home on 1/28/11 under her then corporation, My Beloved Group Home, LLC. She later decided to operate this home under a non-profit organization, which she registered as My Beloved Group Home. Other than the change in business structure, no other changes to the home (physical plant), services, policies, procedures, etc. have been made. Mrs. Nelson did, however, provide me with most of the required documents with the corporate structure change shown on them, as well as with a letter requesting that all previously submitted documents be accepted for this new application. Mrs. Nelson had a Special Certification for Mentally Ill and Developmentally Disabled under her previous license for this home, and she plans on submitting a new application for this new license. Additionally, I performed an onsite inspection on 11/21/11 to verify that the physical plant was still in complete compliance with all the licensing rules for a new facility.

A. Physical Description of Facility

My Beloved Group Home is a brick ranch house located approximately a quarter mile south of 10 Mile Road and a quarter mile east of Greenfield Road in Oak Park, Michigan – Oakland County. The home has a living room, dining area, kitchen, family room, full bath, and a half bath. The home also has a basement, which the residents will not be using.

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 stairs. The laundry appliances are also located in the basement.

The facility, including the basement, is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. There is a fully-charged fire extinguisher on both the main floor and in the basement. All bedroom and bathroom doors have non-locking-against-egress door handles that can be opened in one motion. The front and side exterior doors also have one-motion-to-open lockable handles.

The home has a telephone for resident use. A list of emergency telephone numbers is kept near the telephone.

There is a thermometer in both the refrigerator and the freezer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" X 14'7"	199	2
2	11'3" X 14'7"	164	2
3	9'8" X 11'8"	112	1

Total capacity: 5

Each bedroom has good quality beds that have well-protected mattresses. Each bedroom also has a dresser, chair, and mirror, and has at least one window that opens easily.

The living room, dining area, and family room areas measure for a total of 482 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The family room has a wood-burning fireplace that has a closeable screen as well as a glass safety shield. The walls of the family room are paneled; however, they are rated

as Class C, which meets the minimum fire safety requirement. A document stating the paneling's rating is enclosed in the field file.

The home in general has good quality furniture, appliances, utensils, and other needed household items.

The condition of the structure of the home is sound. All of the surrounding cement and masonry (porch, sidewalk, driveway, walkway), fencing, and landscaping (lawn, trees, bushes, etc.) are in good condition, and appear to be well-maintained.

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 five (5) male and/or female ambulatory adults, aged 21 to 80, whose diagnosis is Traumatic Brain Injury (TB), Alzheimer's, developmentally disabled and/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. The applicant has submitted an Alzheimer's Statement that is acceptable as written.

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 My Beloved Group Home, which is a "Domestic Non-Profit Corporation." 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 My Beloved Group Home. has submitted documentation appointing Theresa Price as Licensee Designee and as the Administrator for this facility.

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

The licensee designee/administrator 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 5-bed facility is adequate and includes a minimum of 1 staff-to-5 residents per shift. All staff shall be awake during sleeping hours.

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 1 staff-to-5 residents ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, direct access to residents, 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, and the related documents required to be maintained in each employee's record to demonstrate compliance.

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.

The applicant acknowledges 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-5).


November 22, 2011
Date

Licensing Consultant

Approved By:


January 23, 2012

Ardra Hunter
Area Manager

Date