



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

April 15, 2010

Willie Robertson  
Robertson Foster Home Inc  
14929 Lindsay  
Detroit, MI 48227

RE: Application #: AS820306595  
Robertson Home #1  
15070 Faust  
Detroit, MI 48223

Dear Mr. Robertson:

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 (313) 456-0380.

Sincerely,

Susan Williams, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 456-0427

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820306595

**Applicant Name:** Robertson Foster Home Inc

**Applicant Address:** 14929 Lindsay  
Detroit, MI 48227

**Applicant Telephone #:** (313) 836-8228

**Administrator/Licensee Designee:** Willie Robertson, Designee

**Name of Facility:** Robertson Home #1

**Facility Address:** 15070 Faust  
Detroit, MI 48223

**Facility Telephone #:** (313) 332-5466

**Application Date:** 01/11/2010

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/11/2010	Enrollment
02/02/2010	Lic. Unit file referred for criminal history review WJ Robertson
02/03/2010	Application Incomplete Letter Sent GMC letter sent.
03/03/2010	File Transferred To Field Office Detroit Office
03/03/2010	Contact - Document Sent Law & rules books
03/19/2010	Application Incomplete Letter Sent
03/29/2010	Inspection completed onsite
04/13/2010	Contact - Face to Face TA on forms submitted
04/13/2010	Contact - Document Received lease, permission to inspect, floor plans, medical statement, policies
04/13/2010	Final inspection
04/15/2010	Contact - Document Received Documentation for interconnected smoke detector

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Robertson Home 1 home is located in a residential area in the city of Detroit. It is a two story brick and aluminum siding, colonial style home with a full basement. The backyard is partially fenced in and there is a detached garage, with a side driveway.

The furnace is located in the basement and is fully enclosed with a fire rated door. The laundry facilities are located in the basement with storage areas.

The secondary egress for the home is from the kitchen which leads directly outside with a screened in porch.

This facility cannot accommodate wheelchairs.

The first floor of the home consists of a living room, dining room, and kitchen.

The second floor consists of 3 bedrooms, and a full bathroom.

The heat plant and hot water heater are located in an enclosure in the basement. The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room    16 ft. X 14 ft. = 224 sq. ft.

Dining room    11.5 ft. X 12 ft. = 132 sq. ft.

This provides 356 square feet of living space which exceeds the requirement for 35 square feet per occupant.

#### Resident bedrooms

Bedroom 1    12 ft. X 11.5 ft    = 128 sq. ft. ( 2 residents)

Bedroom 2    16 ft. X 12 ft.        = 162 sq.ft. ( 2 residents)

Bedroom 3    12 ft. X 12 ft.        = 124 sq. ft. ( 2 residents)

The applicant has requested a license for six (6) residents, and based on the above information can accommodate six (6) residents.

#### **B. Program Description**

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, 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.

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.

## **2. Applicant and Household**

### **a. Corporation or Limited Liability Company**

Robertson Foster Home corporation is the applicant. Robertson Foster Home Inc. domestic non-profit corporation and is registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Willie Robertson as the licensee designee and named Willie Robertson as the administrator.

### **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

### **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one (1) staff to six (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 agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements  
First Aid  
Cardiopulmonary resuscitation  
Personal care, supervision, and protection  
Resident rights  
Safety and fire prevention  
Prevention and containment of communicable disease

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.

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.

## **5. Records & Record Keeping**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

Resident Identification Form  
Resident care Agreement  
Health Care Appraisal  
Medication Record  
Monthly Weight Record  
Assessment Plan  
Funds & Valuables Record Part 1 & 2  
Incident/Accident Report

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 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

### **C. Rule/Statutory Violations**

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

## **IV. RECOMMENDATION**

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for 6 residents. The term of the license will be for a six-month period effective April 21, 2010.

*Susan Williams*

4/16/2010

Susan Williams  
Licensing Consultant

Date

Approved By:

*Joanne Brogdon*

4/21/2010

—  
Joanne S Brogdon  
Area Manager

Date