



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 12, 2014

Verlin Lockhart  
1764 Poppleton Drive  
West Bloomfield, MI 48324

RE: Application #: AF630339228  
Grace Of Heaven  
1764 Poppleton Drive  
West Bloomfield, MI 48324

Dear Ms. Lockhart:

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 six (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  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3967

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630339228
<b>Applicant Name:</b>	Verlin Lockhart
<b>Applicant Address:</b>	1764 Poppleton Drive West Bloomfield, MI 48324
<b>Applicant Telephone #:</b>	(313) 729-5745
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Grace Of Heaven
<b>Facility Address:</b>	1764 Poppleton Drive West Bloomfield, MI 48324
<b>Facility Telephone #:</b>	(248) 622-4258
<b>Application Date:</b>	03/21/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

03/21/2013	Enrollment
03/28/2013	PSOR on Address Completed
03/28/2013	Application Incomplete Letter Sent FP,1326/Verlin and Adele.
03/28/2013	Contact - Document Sent Act & Rules.
07/05/2013	Application Incomplete Letter Sent 1326/Adele.
07/30/2013	Application Complete/On-site Needed
07/30/2013	File Transferred To Field Office Pontiac.
08/01/2013	Contact - Document Received Received licensing file from Central Office.
08/05/2013	Application Incomplete Letter Sent
12/11/2013	Inspection Completed On-site
12/25/2013	Inspection Completed-BCAL Sub. Compliance
01/04/2014	Corrective Action Plan Received
01/31/2014	Inspection Completed On-site
01/31/2014	Inspection Completed-BCAL Sub. Compliance
02/07/2014	Corrective Action Plan Approved

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The proposed facility is a colonial style, brick structure, with vinyl siding. The facility has a finished lower level walkout. The facility is located in a suburban residential neighborhood with similar style single family dwellings. The neighborhood is within minutes from community-based resources, such as retail shopping, hospitals, recreational facilities, restaurants, schools, library, and grocery stores.

The lower level walkout consists of a double occupancy resident bedroom, a living room, a dining room, a full bathroom, and the furnace room. The main level consists of a double occupancy resident bedroom, a living room, a kitchen, a dining room and a full bathroom. The second level consists of 2 single occupancy bedrooms, a staff office, a full bathroom and the master bedroom with bath. The washer and dryer are contained in a closet inside the full bathroom. The licensee will occupy the master bedroom as her private living quarters. The facility has an attached two car garage. It has a driveway that provides adequate off street parking for visitors.

As stated above, the furnace and hot water heater are located in the lower level walkout basement. It is separated from the remainder of the living area by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered single station smoke detectors that have been installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (lower level)	14'6" x 17'	247	2
2 (main level)	15'6" x 17' 8" minus 2'8" x 2'6"	267	2
3 (second level)	12' x 10'	120	1
4 (second level)	11'3" x 13'4"	150	1

The living and dining room areas on the lower level and on the main level measure a total of 575 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The total number of occupants is seven (7), which consists of six residents and the licensee.

The staff office on the second level measured 12'3" x 10'6".

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

On 3/21/2013, Verlin Lockhart, submitted an application for a license to provide adult foster care services at 1764 Poppleton Drive, West Bloomfield, Michigan. Ms. Lockhart intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or developmentally disabled. The

program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for adult foster care residents along with outside employment and savings.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license. The applicant, Verlin Lockhart, stated that her experience consists of her caregiving responsibilities for her mother who has dementia since 2003. Ms. Lockhart stated she also volunteered at Fairfield Residential Care, a licensed adult foster care small group home that provides services to developmentally disabled adults.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day/7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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](http://www.miltcpartnership.org)) 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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

**D. Rule/Statutory Violations**

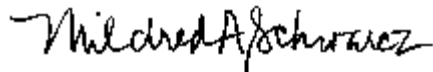
**R 400.1426                      Maintenance of premises.**

(7) Stairways shall have sturdy and securely fastened handrails which are not less than 30, nor more than 34 inches above the upper surface of the tread. Exterior and interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.

The front porch of the facility does not have handrails on all open sides. The porch, however, is currently surrounded and blocked by tall shrubs which would temporarily provide a safe barrier. On 1/4/2014, Ms. Lockhart submitted an acceptable written corrective action plan stating that handrails will be installed , weather permitting, by April 1, 2014.

**IV. RECOMMENDATION**

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



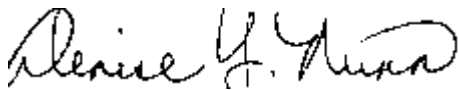
02/12/2014

---

Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:



02/12/2014

---

Denise Y. Nunn  
Area Manager

Date