



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 20, 2014

Patsy Bolden
Mom's Healing Hands, LLC
25113 Lathrup
Southfield, MI 48075

RE: Application #: AS820359803
Mom's Healing Hands
975 E. Grand Blvd.
Detroit, MI 48207

Dear Ms. Bolden:

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,

Karen Davis, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 296-5412

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820359803

Applicant Name: Mom's Healing Hands, LLC

Applicant Address: 1027 E. Grand Blvd.
Detroit, MI 48207

Applicant Telephone #: (313) 551-1668

Administrator/Licensee Designee: Patsy Bolden

Name of Facility: Mom's Healing Hands

Facility Address: 975 E. Grand Blvd.
Detroit, MI 48207

Facility Telephone #: (313) 921-8211

Application Date: 03/21/2014

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

03/21/2014	Enrollment
03/26/2014	Contact - Document Sent Rule & ACT Books
03/26/2014	Application Incomplete Letter Sent Federal ID # and Fingerprint/1326 for Ronald Bolden & 1326 for Patsy Bolden
04/18/2014	Contact - Document Received Federal ID and 1326/Fingerprints for Ronald & Patsy Bolden
04/22/2014	Application Complete/On-site Needed
04/22/2014	File Transferred To Field Office Detroit
05/01/2014	Application Incomplete Letter Sent
06/02/2014	Contact - Document Received
08/04/2014	Contact - Telephone call made Still missing verification and the information that was sent is for a different AFC facility. Talked with Ms. Bolden and told her the specific verification that is missing and will follow up with another letter.
09/11/2014	Inspection Completed On-site
09/11/2014	Inspection Completed-BCAL Sub. Compliance
09/18/2014	Inspection Completed-BCAL Full Compliance
11/17/2014	PSOR on Address Completed
11/17/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential area of the city of Detroit. The address is 975 E. Grand Blvd., Detroit MI 48207. The home is located near Belle Isle State park, the

public library, shopping, and is on a main bus line. The home is a two story brick structure. The main floor consists of living room, large dining room, kitchen, half bath, and an office. The second floor consists of three double occupancy resident bedrooms, full bathroom, and a staff bedroom. The full basement is not approved for residents use. This facility is not wheelchair accessible and cannot accommodate wheelchairs. The home utilizes public water supply and sewage disposal system.

The home is equipped with gas furnace and both the furnace and hot water heater are located in the basement. The heat plant is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an 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
Bedroom #1	16'x14'	224	2
Bedroom# 2	14'x11'	154	2
Bedroom# 3	14'x11'	154	2

The indoor living and dining areas measure a total of 450 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to (6) male and female residents who are between the ages of 18 to 80 years old. The population serviced will be aged, mentally ill, and developmentally disabled. The program will include vocational, educational and personal services, social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills. The facility will provide the opportunity for involvement in educational or day programs or employment. Transportation will be provided for medical, dental, social and educational activities. The applicant intends to accept referrals from CMH or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant(s) to utilize local community resources for recreational activities including (the public schools and library, local museums, shopping centers, churches, etc.). These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications

The applicant is Mom's Healing Hands L.L.C., a "Domestic Limited Liability Company", established in Michigan on 02/21/2014. 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 members of Mom's Healing Hands L.L.C. have submitted documentation appointing Patsy A. Bolden as licensee designee and as the administrator of the facility.

Criminal history background checks of the Patsy A. Bolden licensee designee and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. Patsy A. Bolden licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The Mom's Healing Hands L.L.C and Patsy A. Bolden licensee designee/ administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Patsy A. Bolden has completed specialized curriculum for direct care worker in 03/2002. She has volunteered as a direct care worker from 1997- 2003 at Chandeliers Manor- license #AS820291640 group home. The Chandeliers Manor - license #AS820291640 facility serviced the aged, mentally ill, and the developmentally disabled. She has obtained a Bachelor of Science from Point University (2013).

The staffing pattern for the original license of this **(6)** bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Patsy A. Bolden licensee designee and administrator acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Patsy A. Bolden licensee designee and administrator have indicated that direct care staff will be awake during sleeping hours.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the qualifications, suitability, and training 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.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the responsibility to assess the good moral character of employees. Patsy A. Bolden

licensee designee and administrator acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will administer medication to residents. In addition, the Patsy A. Bolden licensee designee and administrator 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.

Patsy A. Bolden licensee designee and administrator acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Patsy A. Bolden licensee designee and administrator acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Patsy A. Bolden licensee designee and administrator acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Patsy A. Bolden licensee designee and administrator acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Patsy A. Bolden licensee designee and administrator acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee

paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Patsy A. Bolden licensee designee and administrator indicated the intent to respect and safeguard these resident rights.

Patsy A. Bolden licensee designee and administrator acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Patsy A. Bolden licensee designee and administrator acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Patsy A. Bolden licensee designee and administrator acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Patsy A. Bolden licensee designee and administrator have met the training and experience requirements as outlined in the administrative rules R. 400.14201/R. 400.15201.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

II. RECOMMENDATION

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



11/19/2014

Karen Davis
Licensing Consultant

Date

Approved By:



11/20/2014

Ardra Hunter
Area Manager

Date