



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

June 30, 2015

Caroline Anyanetu
Eliza Home Care
10821 Continental Dr.
Taylor, MI 48180

RE: Application #: AS820367743
Frazier Home
456 Frazier Street
River Rouge, MI 48218

Dear Mrs. Anyanetu:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

Kara Robinson, LMSW, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Suite 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820367743

Applicant Name: Eliza Home Care

Applicant Address: 10821 Continental Dr.
Taylor, MI 48180

Applicant Telephone #: (313) 204-3930

Administrator/Licensee Designee: Caroline Anyanetu

Name of Facility: Frazier Home

Facility Address: 456 Frazier Street
River Rouge, MI 48218

Facility Telephone #: (313) 438-6302

Application Date: 10/22/2014

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

10/22/2014	Enrollment
10/27/2014	Contact - Document Sent Act and Rule Books
10/27/2014	File Transferred To Field Office Detroit
11/03/2014	Application Incomplete Letter Sent
01/29/2015	Inspection Completed On-site
03/12/2015	Inspection Completed On-site
04/14/2015	Inspection Completed-BCAL Full Compliance
06/02/2015	Second/Updated Application Incomplete Letter Sent Requested bank statement and verification of experience
06/25/2015	Contact - Document Received Received financial statement

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Frazier Home is located on a corner lot in the downriver city of River Rouge. The main floor of this ranch-style structure is comprised of a living room, dining room, family room, eat-in kitchen, 3 bedrooms, and 1 full bath.

The home cannot accommodate persons who require the regular use of a wheelchair.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up that was installed by a professional contractor 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	12.17 X 10.66	130	2
2	11.4 X 14.66	166	2

3	$8.66 \times 9.08 + 2 \times 6.17$	91	1
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The living, dining, and family room areas measure a total of 467 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

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 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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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 Eliza Home Care Service, Inc., which is a “Domestic Nonprofit Corporation” was established in Michigan, on 5/6/10. 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 Eliza Home Care Services, Inc., has submitted documentation appointing Caroline Anyanetu as Licensee Designee for this facility and Caroline Anyanetu as the Administrator of the facility.

A licensing record clearance request was completed with no lein 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 licensee designee and administrator have 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 on duty 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 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), Morpho Trust TM (formerly L-1 Identity Solutions ®), and the related documents required to be maintained in each employees 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.

IV. RECOMMENDATION

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

 6/29/15

Kara Robinson Date
Licensing Consultant

Approved By:
 6/30/15

Ardra Hunter Date
Area Manager