



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

November 3, 2015

Zad White
Caring Hands AFC, LLC
PO Box 37618
Oak Park, MI 48237

RE: Application #: AS820378117
Caring Hands - Normandy
16595 Normandy
Detroit, MI 48221

Dear Mr White:

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 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, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820378117

Applicant Name: Caring Hands AFC, LLC

Applicant Address: 24270 Ithaca
Oak Park, MI 48237

Applicant Telephone #: (248) 670-9787

Administrator/Licensee Designee: Zad White, Designee

Name of Facility: Caring Hands - Normandy

Facility Address: 16595 Normandy
Detroit, MI 48221

Facility Telephone #: (248) 670-9787

Application Date: 06/01/2015

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/01/2015	Enrollment
06/15/2015	Contact - Document Sent Rule & ACT Books
06/15/2015	Application Incomplete Letter Sent Fingerprint for Zad White
06/26/2015	Contact - Document Received Fingerprint for Zad White
07/02/2015	File Transferred To Field Office Detroit
09/23/2015	Application Complete/On-site Needed
09/23/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Caring Hands Normandy Home is located in a residential area in Detroit. The home is a two story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, family room, staff room, kitchen, breakfast nook and a half bath. The second floor consists of three bedrooms and a full bathroom.

The heat plant and hot water heater are located in the basement. The heat plant and the hot water heater are enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door is hung in a fully stopped steel frame and is equipped with an automatic self-closing device and positive-latching hardware.

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, family room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room 19' 11" X 13 2" = 261 sq. ft.

Dining room 12' 9" X 12' 5" = 158 sq. ft.

Family room 15' 8" X 11'9" =184 sq. ft.

Resident bedrooms

North bedroom 13 X 10 = 130 sq. ft. (2 residents)

Center bedroom 18 X 12 = 216 sq. ft. (2 residents)

South bedroom 13 X 13 = 184 sq. ft. (2 residents)

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

1. Population to be Served & Admission Criteria

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. 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, 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. Corporation or Limited Liability Company

The Caring Hands Corporation is the applicant. The Caring Hands Corporation is a non-profit company 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 Zad White as the licensee designee and as the administrator.

The applicant does not live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

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 applicant/administrator. The applicant /administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator has 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 6-bed facility is adequate and includes a minimum of 1 staff to 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 pf 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.

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

11/03/2015
Date

Approved By:



11/03/2015

Ardra Hunter
Area Manager

Date