



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 25, 2016

Monique Tate
16555 Stricker Avenue
Eastpointe, MI 48021

RE: Application #: AS500374091
Zareya's Adult Home Care
16555 Stricker Avenue
Eastpointe, MI 48021

Dear Ms. Tate:

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 4 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Williams".

Stephanie A. Williams, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-2097

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500374091
Applicant Name:	Monique Tate
Applicant Address:	16555 Stricker Avenue Eastpointe, MI 48021
Applicant Telephone #:	(586) 350-6525
Administrator:	Monique Tate
Name of Facility:	Zareya's Adult Home Care
Facility Address:	16555 Stricker Avenue Eastpointe, MI 48021
Facility Telephone #:	(586) 879-6181
Application Date:	02/26/2015
Capacity:	4
Program Type:	AGED ALZHEIMERS MENTALLY ILL

II. METHODOLOGY

02/26/2015	Enrollment
03/03/2015	Contact - Document Sent Rules and Act booklets
03/03/2015	License Unit file referred for criminal history review 1326 for Monique Tate
03/03/2015	Application Incomplete Letter Sent Good Moral Character (GMC) Letter sent to Monique for 2000 OV- Domestic Violence.
03/20/2015	License. Unit received criminal history file from review GMC approval of Monique Tate for 2000 Misdemeanor. Continue processing.
03/26/2015	Application Complete/On-site Needed
03/30/2015	Contact - Document Received Licensing file received from Central office
05/08/2015	Application Incomplete Letter Sent Licensee was determining whether to submit a new application for corporation for small group adult foster care.
05/18/2015	Contact - Document Received Email received from Ms. Tate.
05/18/2015	Contact - Document Sent Sent email to Ms. Tate, licensee.
07/08/2015	Contact - Telephone call made Scheduled preliminary inspection for the facility with Ms. Tate.
08/11/2015	Inspection Completed On-site
08/11/2015	Inspection Completed-BCAL Sub. Compliance
08/28/2015	Contact - Document Sent Confirming letter sent to Mrs. Tate in regards to supportive documents in email in PDF format.
10/22/2015	Contact - Telephone call received Spoke with Ms. Tate. Scheduled onsite at the facility.

11/02/2015	Inspection Completed On-site Physical plant corrections completed. Supportive documents need to be reviewed and verified.
11/02/2015	Contact - Document Received Supportive documents received.
01/03/2016	Contact - Document Received Email received from Ms. Tate in regards to confirming letter.
01/04/2016	Contact - Document Sent Email sent to Ms. Tate providing clarification to confirming letter.
01/26/2016	Contact – Document Received Email received from Ms. Tate.
02/01/2016	Contact – Document Received Email received from Ms. Tate.
02/03/2016	Contact – Document Received Supportive documents received.
02/19/2016	Contact – Document Received Email received from Ms. Tate
03/08/2016	Contact – Document Sent Email sent to Ms. Tate requesting supportive documents.
03/18/2016	Contact – Document Received. Supportive documents received.
03/24/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch brick style home with a detached two-car garage. The home was built in 1950 and the owners are Deon and Monique Tate. Mrs. Monique Tate is the licensee for the proposed adult foster care small group home. Eastpointe is located in Southern Macomb County, a suburb north of the City of Detroit. The community is serviced by public water and sewage. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community.

The facility has a fully landscaped front and back yard. The facility is unable to service residents with mobility impairments as the facility does not meet compliance R 400.14509. The facility will only admit ambulatory adult residents. The facility features gas, forced-air heating; the heat plant and hot water tank is located in the basement; The heat plant has been inspected and certified as being in good operating condition by a qualified inspection service. The home also features central air conditioning. Fire extinguishers have been installed and mounted as required in the home and in the basement. The home meets rule requirement of R400.14511 (1) as the licensee has installed the appropriate door to create the needed floor separation between the basement and first floor. The laundry room is also located in the basement.

The interior of the home includes a living room, three bedrooms, one full bath, a kitchen and dining area. The dimensions, square footage, and capacity limits are as follow:

Living room	18' 4" x 11' 5"	219 square feet
Dining area	5' 2" x 2'	10.34 square feet

Total living space: 229.3 square feet

Bedroom #1	11'10" x 20'9" minus 2'5" x 7'9" (outward closet)	226 square feet capacity 2
Bedroom #2	9'11" x 8'9" minus 2'3" x 3'4" (outward closet)	80 square feet capacity 1
Bedroom #3	11'5" x 9'3" plus 2'11" x 3	115 square feet capacity 1

The square footage of community space is adequate for the facility to accommodate four adult foster care residents. Based solely on the square footage of the bedrooms; bedroom#1 has the capacity for two residents and bedroom#2 and bedroom#3 has the capacity for only one resident, meeting requirements of R 400.14409 (2) (3). All bedrooms are fully furnished and meet the requirement of Rule 400.14410(1)(2)(3) and (4).

B. Program Description

The admission policy, discharge policy, program statement and refund agreement have been submitted and do not conflict with the licensing requirements. Zareya's Adult Foster Care Home is a small group adult foster care facility with the capacity to provide services for four ambulatory residents. The facility's goal is providing a secure safe environment to person who may require help for daily living as well as offer the least restrictive environment possible for residential and personal support to Alzheimer, Mentally Ill and Aged. Zareya's Adult Foster Care will provide 24 hour supervision, protection and personal care for both long and short term care. Zareya's Adult Foster

Care Home will provide a high quality of care that promote, dignity, self-esteem and respect in a safe and comfortable environment.

Ms. Monique Tate has submitted the appropriate educational, training, employment documentation and resume to establish that she has the required experience and education to provide and deliver adult foster care services to the Aged, Alzheimer's, Dementia, and Mentally Ill adults in the State of Michigan.

Ms. Tate has several years of experience of working with the identified population through her work as a caregiver in assisting adults and children with special needs (Down syndrome, cerebral palsy, seizures, memory care, and elderly) in the community and in the home since 2005. Ms. Tate has a Bachelor of Science degree since 2007. Ms. Tate is the owner of a party rental company which she has been operating since 08/2014. Her work experience with her business solidifies her financial and administrative capabilities.

An Adult Foster Care Licensing Record Clearance has been completed for Ms. Tate attesting to her good moral character. Ms. Tate submitted a medical clearance with proof of tuberculosis testing as required.

Technical assistance has been provided to Ms. Tate to assist her with complying with statutory and rule requirements for the maintenance of the facility, resident records and employee records. This technical assistance included a review of requirements pertaining to the handling and accounting of resident funds and for compliance with statutory requirements (Section 400.734b of Public Act 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

C. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).

Stephanie Williams

03/25/2016

Stephanie A. Williams
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

03/25/2016

Denise Y. Nunn
Area Manager

Date