



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 21, 2016

Josephine Uwazurike
ADA Homes, Inc.
P O Box 502
Southfield, MI 48037

RE: Application #: AS820379138
Westland III
4761 Westland
Dearborn, MI 48126

Dear Ms. Uwazurike:

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 (313) 456-0380.

Sincerely,

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

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Suite 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820379138

Applicant Name: ADA Homes, Inc.

Applicant Address: #200
23999 Northwestern Hwy.
Southfield, MI 48075

Applicant Telephone #: (248) 569-1040

Administrator/Licensee Designee: Josephine Uwazurike, Designee

Name of Facility: Westland III

Facility Address: 4761 Westland
Dearborn, MI 48126

Facility Telephone #: (313) 429-9499

Application Date: 08/14/2015

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/14/2015	Enrollment
08/20/2015	Licensing Unit file referred for criminal history review Josephine Uwazurike Red Screen ref to C. Gandhi. Gave her the whole file.
09/08/2015	Application Incomplete Letter Sent 1326 clearance request for Josephine Uwazurike
09/23/2015	Contact - Document Received 1326 RECORD CLEARANCE FOR JOSEPHINE
09/25/2015	File Transferred To Field Office Detroit/Wayne
09/30/2015	App assigned to K. Robinson
12/03/2015	Application Incomplete Letter Sent
01/14/2016	Contact - Document Received Supporting docs (about ¾ of what is required)
03/08/2016	Inspection Completed On-site Home has physical plant violations - fire safety issues
05/12/2016	Inspection Completed On-site Smoke detectors not interconnected
06/08/2016	Inspection Completed-BCAL Full Compliance
06/13/2016	Contact - Document Sent Sent 2nd incomplete app letter; need med clearance and current financial docs
08/02/2016	Contact - Telephone call made Licensee is out of the country; follow up call to Program Manager; Said doc won't do chest x-ray on licensee due to new CDC rules
10/11/2016	Contact - Telephone call made Follow up call to licensee to request info outlined in 2nd incomplete app letter (6/13/16)
10/11/2016	Contact - Document Sent Sent 3rd incomplete app letter
10/27/2016	Contact - Telephone call made Informed licensee we need her med clearance and appointment

letter from the Board

11/03/2016 Contact - Telephone call made
Follow up call to licensee. She will fax med clearance asap

11/03/2016 Contact - Document Received
Received updated med clearance with TB test results via fax
Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Westland III home is located in the suburban community of Dearborn. It is a ranch style structure on a residential block. Everything is located on one floor with 3 bedrooms, 2 full bathrooms, living room, dining room, family room, separate laundry room, and kitchen. There is also an attached garage.

The furnace and hot water heater are located together in a room that is accessed from the outside. The fire door is steel and has an automatic closure as required. The home is equipped with interconnected smoke detectors that are hardwired through the electrical system. It was installed by a licensed contractor and is fully operational.

The home can accommodate residents who require the regular use of a wheelchair.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.08 X 16.58	184	2
2	11.08 X 16.75	186	1
3	11 X 16.75	186	1

The living, dining, and family room areas measure a total of 609 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 **four (4)** 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 **four** (4) 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 ADA Homes, Inc., which is a "Domestic Nonprofit Corporation", was established in Michigan on 02/07/92. 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.

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 4-bed facility is adequate and includes a minimum of 1-staff-to-4 residents per shift based on need.

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), MorphoTrust™ (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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 4).

 11/17/16

Kara Robinson	Date
Licensing Consultant	

Approved By:

 11/21/16

Ardra Hunter	Date
Area Manager	