

May 19, 2017

Sheryl Carson
Southern Style Care
8222 Joy Rd
Detroit, MI 48204

RE: Application #: AS820383794
Lakewood Home
873 Lakewood
Detroit, MI 48215

Dear Ms. Carson:

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820383794

Licensee Name: Southern Style Care

Licensee Address: 8222 Joy Rd
Detroit, MI 48204

Licensee Telephone #: (313) 961-3966

Administrator/Licensee Designee: Sheryl Carson

Name of Facility: Lakewood Home

Facility Address: 873 Lakewood
Detroit, MI 48215

Facility Telephone #: (313) 822-9587
07/14/2016

Application Date:

Capacity: 6

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

II. METHODOLOGY

07/14/2016	On-Line Enrollment
11/16/2016	Contact - Document Sent rules and act sent
11/16/2016	Application Incomplete Letter Sent BCAL-1326 for Sheryl Carson
11/29/2016	Contact - Document Received BCAL-1326 for Sheryl C (LD) and Federal TAX ID number letter
12/02/2016	Application Incomplete Letter Sent Need BCAL-1326 for administrator
12/02/2016	File Transferred To Field Office
12/20/2016	Application Incomplete Letter Sent
03/10/2017	Inspection Completed On-site
03/10/2017	Inspection Completed-BCAL Sub. Compliance
04/18/2017	Application Complete/On-site Needed
04/18/2017	Inspection Completed-BCAL Full Compliance
04/28/2017	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lakewood Home is a brick style ranch located in the city of Detroit. The home has a living room and spacious dining room attached to the kitchen with three bedrooms. The home does not have a garage but a fenced backyard.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of stairs. The entrance to the heating plant is located outside of the home. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

This facility is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Southeast 1	19.83 x 8.33	165.18	2
Southeast 2	12 x 11	132	2
Northeast	11 x 12	132	2
Total			6

The living, dining, and sitting room areas measure a total of 412.77 _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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, traumatically brained injured, aged, Alzheimer and physically handicapped 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: (Care Link, 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 Southern Style Care, Inc., which is a “Non Profit Corporation” was established in Michigan, on 11/21/2014. 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 Board of Directors of Southern Style Care has submitted documentation appointing Sheryl Carson as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the applicant (**or** 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 _6_-bed facility is adequate and includes a minimum of 1_ staff –to- _6_ residents per shift. All staff 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), MophoTrust USA (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/large group home (capacity 6).



05/08/2017

Shatonla Daniel
Licensing Consultant

Date

Approved By:



05/19/2017

Ardra Hunter
Area Manager

Date