



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 8, 2017

Okechuku Wachuku
Midwest AFC Homes Inc.
21880 Farmington Road
Farmington, MI 48336

RE: Application #: AS820382166
Abbot Manor
19385 Woodworth Street
Redford, MI 48239

Dear Mr. Wachuku:

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 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 #: AS820382166

Applicant Name: Midwest AFC Homes Inc.

Applicant Address: 21880 Farmington Road
Farmington, MI 48336

Applicant Telephone #: (734) 365-4707

Administrator/Licensee Designee: Okechuku Wachuku, Designee

Name of Facility: Abbot Manor

Facility Address: 19385 Woodworth Street
Redford, MI 48239

Facility Telephone #: (313) 543-3021

Application Date: 02/23/2016

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/23/2016	Enrollment
04/04/2016	Contact - Document Sent RULES AND ACT SENT
04/04/2016	Application Incomplete Letter Sent NEED 1326 CLEARANCE AND MST LIVESCAN FINGERPRINT BACKGROUND CK. REQUEST FOR A.O. WACHUKU
05/10/2016	Contact - Document Received Bcal 1326A lic record clearance req and RU-030 livescan req for A.O.Wachuku
07/20/2016	Contact - Telephone call received A call regarding this application and progress and I see that fingerprints for Alexander from May 5, 2016 still have not shown up. I will talk to Cheryl G. and call them back.
07/21/2016	Comment O.A. Wachuku's fingerprints have not dropped into BITS. Gave 1326 and RI-030 forms to Cheryl G. to look into. Called to explain.
07/22/2016	Contact - Telephone call made Talked with O.A Wachuku - explained that the wrong fingerprints were done (work force background). Sent e-mail with new form and instructions for AFC with correct codes and instructions again.
08/02/2016	Contact - Document Received Bcal-1326 and RI-030 for O.A. Wachuku.
08/05/2016	File Transferred To Field Office Detroit/Wayne
08/17/2016	Comment Enrollment assigned to K. Robinson
10/11/2016	Contact – document sent Sent incomplete application letter requesting supporting documents
11/10/2016	Contact – document received Received partial supporting docs (policies and procedures)
01/31/2017	Inspection Completed On-site Physical plant and fire safety violations exist
03/28/2017	Inspection Completed On-site

physical plant violations exist

- 06/08/2017 Inspection Completed-BCAL Full Compliance
- 06/26/2017 Contact – document sent
Sent 2nd incomplete app letter requesting updated med clearance and training transcripts
- 07/17/2017 Application Complete
Received final supporting docs with updated med clearance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Abbott Manor is located on a corner lot in North Redford. It is in a residential neighborhood. This ranch style home is comprised of 4 bedrooms, 1 bath, a living room, eat-in kitchen, Florida room, and unfinished basement. There is also a detached garage.

The home is not wheelchair accessible and cannot accommodate persons who require the regular use of a wheelchair.

The furnace and hot water heater are located in the basement behind a 90-minute rating fire door. The fire door is equipped with an automatic self-closing device and positive latching hardware and is located at the top of basement stairs. The facility is equipped with an interconnected, hardwired smoke detection system that 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	11.08 X 12.42	138	1
2	12.58 X 12.75	160	2
3	09.08 X 12.58	115	1
4	12.92 X 10.5	136	2

The living, dining, and sitting room areas measure a total of 358 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 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: (Carelink, 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 Midwest AFC Homes, Inc., which is a Domestic Nonprofit Corporation, was established in Michigan, on 4/4/2006. 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 Midwest AFC Homes, Inc. has submitted documentation appointing Alexander Okey Wachuku as Licensee Designee for this facility and Alexander Okey Wachuku 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift based on the individual needs of residents. 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), 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.

IV. RECOMMENDATION

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

K. Robinson 7/25/17

Kara Robinson Date
Licensing Consultant

Approved By:

A. Hunter 7/26/17

Ardra Hunter Date
Area Manager