



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 21, 2017

Theressa Nelson  
My Beloved Group Home  
24260 Radcliff Street  
Oak Park, MI 48237

RE: Application #: AS820387739  
**Beloved Hands**  
**20453 Berg**  
**Detroit, MI 48219**

Dear Ms. Nelson:

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 3 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 "Karen Davis".

Karen Davis, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 296-5412

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS820387739
<b>Licensee Name:</b>	My Beloved Group Home
<b>Licensee Address:</b>	24260 Radclift Street Oak Park, MI 48237
<b>Licensee Telephone #:</b>	(248) 470-0063
<b>Administrator/Licensee Designee:</b>	Theressa Nelson
<b>Name of Facility:</b>	Beloved Hands
<b>Facility Address:</b>	20453 Berg Detroit, MI 48219
<b>Facility Telephone #:</b>	(248) 470-0063
<b>Application Date:</b>	04/04/2017
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## **II. METHODOLOGY**

04/04/2017	On-Line Enrollment
04/19/2017	Contact - Document Sent Rule & ACT Books
04/26/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Theresa Nelson
04/26/2017	File Transferred To Field Office Detroit
05/05/2017	Application Incomplete Letter Sent
07/27/2017	Application Complete/On-site Needed
07/27/2017	Inspection Completed On-site Special certification application submitted
07/27/2017	Inspection Completed-BCAL Sub. Compliance Special Certification application - DD/MI
07/28/2017	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The home is located at 20453 Berg, Detroit, MI 48219 in a residential area. There is ample street parking for visitors. The home is a three bedroom ranch with one full bathroom. The kitchen has attached dining area that can seat five. The main entry leads to a living room area. The home has air conditioning. The second entry is on the side of the house off of the kitchen. The home is not wheelchair accessible. The home utilizes public water supply and sewage disposal system.

The gas furnace and hot water heater are located in the basement. The fire door to the basement is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and tested on 07/27/2017. The smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom # 1	9.10 x 10.6	96	1
Bedroom # 2	10.10 x 9.8	99	1
Bedroom # 3	9.9 x 7.10	70	1

The indoor living and dining areas measure a total of 223 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is not wheelchair accessible and cannot accommodate wheelchairs.

## **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) male and female residents who are aged, mentally ill, developmentally disabled. The program will include (social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs, or employment, and transportation). The applicant intends to accept Community Network Services and/or Community Living Services for payment.

**If needed by residents,** behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of My Beloved Group Home to utilize local community resources for recreational activities including (*the public schools and library, local museums, shopping centers, churches, etc.*). These resources provide an environment to enhance the quality of life of the residents.

## **C. Applicant and Administrator Qualifications**

My Beloved Group Home, which is a "Non Profit Corporation", established in Michigan on 01/21/2011. My Beloved Group Home 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 My Beloved Group Home has submitted documentation appointing Theresa Nelson as licensee designee for this facility and Theresa Nelson as the administrator of the facility.

Criminal history background checks of the My Beloved Group Home and Theresa Nelson administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. My Beloved Group Home and Theresa Nelson, administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

My Beloved Group Home and Theresa Nelson administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Describe their experience working with the program population of aged, mentally ill, developmentally disabled. Theresa Nelson is the chief executive officer (CEO) of My Beloved Group Home and has served as the licensee designee and administrator for two home located in Oakland County Michigan also named My Beloved Group Home:

- AS630315791 since 07/22/2012
- AS630355154 since 06/17/2014

She has a Bachelor's Degree in Business Administration and has received numerous trainings through Macomb Oakland Regional Center, MORC, Community Living Services, CLS and Training and Treatment Innovations, TTI. Mrs. Nelson receives 16 hours of new trainings each year that address the needs of the mentally ill, aged, developmentally disabled.

The staffing pattern for the original license of this **three (3)** bed facility is adequate and includes a minimum of **one (1)** staff for **three (3)** residents per shift. My Beloved Group Home and Theresa Nelson administrator acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. My Beloved Group Home and Theresa Nelson has indicated that direct care staff will be awake during sleeping hours.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the qualifications, suitability, and training 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.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the responsibility to assess the good moral character of employees. My Beloved Group Home acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent

by My Beloved Group Home and Theresa Nelson, licensee designee will administer medication to residents. In addition, the My Beloved Group Home and Theresa Nelson 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.

My Beloved Group Home and Theresa Nelson acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, My Beloved Group Home and Theresa Nelson acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

My Beloved Group Home and Theresa Nelson acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

My Beloved Group Home and Theresa Nelson acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. My Beloved Group Home and Theresa Nelson acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. My Beloved Group Home and Theresa Nelson indicated the intent to respect and safeguard these resident rights.

My Beloved Group Home and Theresa Nelson acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

My Beloved Group Home and Theresa Nelson acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

My Beloved Group Home and Theresa Nelson acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 3.

 **08/09/2017**

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Karen Davis  
Licensing Consultant

Date

Approved By:

 **08/21/2017**

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Ardra Hunter  
Area Manager

Date