



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 30, 2017

Cynthia Reese
16176 Ashton
Detroit, MI 48219

RE: Application #: AS820388036
Savannah House
22625 Glendale
Detroit, MI 48223

Dear Ms. Reese:

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 cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS820388036

Applicant Name: Cynthia Reese

Applicant Address: 16176 Ashton
Detroit, MI 48219

Applicant Telephone #: (313) 663-0615

Administrator/Licensee Designee: N/A

Name of Facility: Savannah House

Facility Address: 22625 Glendale
Detroit, MI 48223

Facility Telephone #: (313) 663-0615
04/10/2017

Application Date:

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

04/10/2017	Enrollment
04/24/2017	Contact - Document Sent Rule & ACT Books
04/24/2017	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Cynthia Reese
05/09/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Cynthia Reese
05/15/2017	Lic. Unit file referred for background check review 1326 for Cynthia Reese
06/14/2017	Contact - Telephone call received Telephone call from applicant.
06/14/2017	Application Incomplete Letter Sent
09/25/2017	Application Complete/On-site Needed
09/28/2017	Inspection Completed On-site
09/28/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Detroit, in Wayne County. The facility has paved driveway and a two car detached garage. There is space for staff and visitor parking in the driveway and on the street in front of the facility. The facility has a living room, dining area, three resident bedrooms and one full resident bathroom. There is a half bath in the basement for staff use. The facility utilizes city water supply and sewer system.

The furnace and water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a fire door which is equipped with a self-closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedroom hallway, dining room and basement of the facility. The facility is equipped with fire extinguishers located on each level of the facility.

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

Location	Dimension	Square Footage	Capacity
Bedroom # 1	9'7" X 11'1"	107.67	1 Resident
Bedroom # 2	12'6" X 11'1"	139.86	2 Residents
Bedroom # 3	10'10" X 9'0"	90.90	1 Resident
Living Area	19'4" X 14'10"	273.54	

The living area measures a total of 273.54 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.

The facility cannot accommodate wheelchairs.

B. Program Description

The facility will provide 24 hour supervision, protection and personal care for four (4) male or female residents. The facility will accept aged adults, residents who are

moderate to high functioning developmentally disabled adults and non-violent, non-aggressive and medically managed mentally ill adults. The facility will provide the residents with the opportunity to participate in board games, movie nights, card games, and daily physical activities which can include walks and other forms of exercise.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including community events, trips to local parks, malls, movies, and bowling.

C. Applicant and Administrator Qualifications

The applicant submitted a financial statement and established an annual budget projecting expenses and income from caring for AFC residents along with outside income to demonstrate the financial capability to operate this adult foster care facility along with.

Cynthia Reese is the applicant and administrator for the facility. A criminal history clearance was completed on 5/15/2017 for Ms. Reese and no criminal convictions were found that would prevent Ms. Reese from acting as the licensee and administrator for this facility. Ms. Reese submitted a medical clearance dated 6/28/2017 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Reese.

The applicant and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Reese has provided documentation that she has 3 years of experience as a direct care staff in an AFC home working with aged adults, mentally ill and developmentally disabled adults.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum 1 staff for 4 residents per shift. The applicant 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. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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) and the related documents required to demonstrate compliance.

The applicant 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 the licensee or licensee designee will 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 t 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, the applicant 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 up the retention schedule for those document contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant 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.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of four (4) residents.

 10/27/2017

Andrea Green
Licensing Consultant

Date

Approved By:

 10/30/2017

Ardra Hunter
Area Manager

Date