



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 11, 2018

Hilary Onyishi  
Pioneer Care Services, LLC  
30744 Nelson Circle  
Westland, MI 48186

RE: Application #: AS820388252  
**Hipp AFC**  
**5861 Hipp Street**  
**Taylor, MI 48180**

Dear Mr. Onyishi:

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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS820388252
<b>Licensee Name:</b>	Pioneer Care Services, LLC
<b>Licensee Address:</b>	30744 Nelson Circle Westland, MI 48186
<b>Licensee Telephone #:</b>	(313) 410-4516
<b>Administrator/Licensee Designee:</b>	Hilary Onyishi
<b>Name of Facility:</b>	Hipp AFC
<b>Facility Address:</b>	5861 Hipp Street Taylor, MI 48180
<b>Facility Telephone #:</b>	(734) 447-7080 05/04/2017
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

05/04/2017	On-Line Enrollment
05/08/2017	Contact - Document Sent Rule & Act booklets
05/08/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for Hilary (LD); rec cl for Admin
06/07/2017	Contact - Document Received 1326-fingerprints-RI030 for Hillary Onyishi
06/07/2017	File Transferred To Field Office Detroit
06/26/2017	Application Incomplete Letter Sent
08/31/2017	Comment sent closure letter to applicant
10/20/2017	Inspection Completed On-site
10/20/2017	Inspection Completed-BCAL Sub. Compliance
02/26/2018	Inspection Completed-BCAL Full. Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Hipp AFC is located in a residential area in the city of Taylor. The facility has five bedrooms with an attached garage. The facility is tan aluminum siding ranch style with a kitchen, living room, formal dining room, meeting room, five bedroom and two baths. The facility has five bedrooms, three of the bedrooms will be used for resident sleeping, one bedroom will be used as an office and the other as a storage room. The facility is not wheelchair accessible.

The facility has a furnace and hot water heater located in a room that is constructed of material that has a 1-hour-fire-resistance rating. There is also a furnace located in the attic that has been reinforced with a 1-3/4 inch solid core wood or equivalent. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NW	10.75 x 13.66	147	2
N	13.17 x 14.08	185	2
SE	11.42 x 14.08	161	2

The living, dining, and sitting room areas measure a total of 683 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility has five bedrooms, three of the bedrooms will be used for resident sleeping, one bedroom will be used as an office and the other as a storage room. The licensee designee is aware that the two additional bedrooms cannot be used to exceed license capacity.

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 alzheimer's, aged,

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 Pioneer Care Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 4/05/2017. 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 Pioneer Care Services, L.L.C. has submitted documentation appointing Hilary Onyishi as Licensee Designee for this facility and Hilary Onyishi 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. 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), 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 AFC adult small group home (capacity 6).



3/26/2018

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Denasha Walker  
Licensing Consultant

Date

Approved By:



4/11/2018

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Ardra Hunter  
Area Manager

Date