



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 3, 2019

Anissa Branklin
ANB Home LLC
221 W. Bennett
Ferndale, MI 48220

RE: Application #: AS630392548
ANB Homes
221 W. Bennett
Ferndale, MI 48220

Dear Ms. Anissa Branklin:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, denial of issuance of a license is recommended. You will be notified in writing of the Agency's intention and your options for resolution of this matter.

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630392548
Licensee Name:	ANB Home LLC
Licensee Address:	221 W. Bennett Ferndale, MI 48220
Licensee Telephone #:	(248) 778-8309
Administrator/Licensee Designee:	Carrah Smith/ Anissa Branklin
Name of Facility:	ANB Homes
Facility Address:	221 W. Bennett Ferndale, MI 48220
Facility Telephone #:	(248) 383-3587
Application Date:	02/08/2018
Capacity:	6
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

02/08/2018	On-Line Enrollment
02/09/2018	Contact - Document Sent Rules and Acts books
02/09/2018	Lic. Unit file referred for background check review Given to Candace - person/facility with red screen
03/13/2018	Lic. Unit file referred for background check review Given to Candace - Anissa has FP hit and self confessed
03/13/2018	Lic. Unit file referred for background check review Given to Candace - Carrah has ICHAT hit
03/14/2018	File Transferred to Field Office Pontiac
03/16/2018	Contact - Document Received Licensing file received from Central office
03/22/2018	Application Incomplete Letter Sent
05/30/2018	Contact - Telephone call made Telephone call made to Anissa Branklin. She will submit the requested documents by Monday, 06/04/2018.
06/14/2018	Contact - Document Received Documentation received
07/18/2018	Contact - Document Sent Emailed Anissa Branklin in attempts of scheduling an onsite inspection.
07/20/2018	Contact - Document Sent Emailed Anissa Branklin in attempts of scheduling an onsite inspection.
08/15/2018	Inspection Completed On-site
08/15/2018	Inspection Completed-BCAL Sub. Compliance
08/23/2018	Application Incomplete Letter Sent Confirming letter mailed
09/25/2018	Contact - Telephone call made Telephone call made to licensee designee Anissa Branklin. She stated she working towards getting into compliance. She stated

she will be ready for a follow onsite inspection within one week or so.

11/27/2018	Contact - Telephone call made Telephone call made to licensee designee Anissa Branklin. Left a message.
11/28/2018	Contact - Telephone call made Telephone call made to applicant Anissa Branklin. She stated she will forward the requested documentation.
11/28/2018	Inspection Completed-BCAL Sub. Non-Compliance
11/29/2018	Contact - Document Received Received an email from Ferndale Police Lieutenant Jason Collett
12/11/2018	Exit Conference Conducted with Anissa Branklin

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a bungalow located in the city of Ferndale. The main level of the facility consists of a living room, dining room, kitchen, full bathroom, and two resident bedrooms. The upper level consists of a resident bedroom with an attached full bathroom. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1 $\frac{3}{4}$ inch solid core door equipped located at the top of stairs. 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
1	11'9" x 10'1" -2'1" x 6' x 4"	105.28	1
2	11'6" x 10'1" -1'5" x 8'1"	104.45	1
3	19'3" x 13'8" -7'11" x 8'1"	199.16	2

The living, dining, and sitting room areas measure a total of 294.91 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH or private pay individuals as a referral source.

C. Rule/Statutory Violations

R 400.14103

Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(1) An applicant for an adult foster care small group home license shall make available at the facility, or arrange for the department's inspection and copying of all of the following items:

(a) A current written admission policy and program statement.

(b) Copies of all of the following:

(i) Personnel policies.

(ii) Job descriptions.

(iii) Standard or routine procedures.

(iv) Proposed staffing patterns.

(v) An organizational chart.

(c) A copy of any current agreement or contract between the applicant or licensee, agency, person, or organization that provides or proposes to provide funding, care, treatment, or supplemental services as described in the home's program statement.

(d) A current floor plan of each level and basement of the entire structure, including the interior layout of foster

care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.

(e) A current financial statement and a proposed biennial budget.

(f) Verification of the lease, ownership, or right to occupy arrangements.

On 03/22/2018, I mailed an application incomplete letter to applicant Anissa Branklin. In the letter I requested the following documents: personnel policies, job descriptions, standard or routine procedures, proposed staffing patterns, organizational chart, current floor plan, current financial statement and proposed budget, and verification of lease and permission to inspect the facility.

On 05/30/2018, I conducted a telephone call to Ms. Branklin to follow up on the requested documentation for the license. Ms. Branklin stated she will submit the requested documents by 06/04/2018.

On 06/14/2018, I received a copy of a letter from Ms. Branklin's landlord David Snow verifying he was aware the facility would be used as an adult foster care facility.

On 08/15/2018, I conducted an onsite inspection. During the inspection, I requested documentation again. Ms. Branklin agreed to submit the documentation to me as soon as possible.

On 09/25/2018, I conducted a telephone call to Ms. Branklin to follow up on the requested documentation for the license as well as addressing physical plant issues. Ms. Branklin stated she was working towards getting into compliance. In addition, she stated she will be ready for a follow onsite inspection within one week or so.

On 11/28/2018, I conducted a telephone call to Ms. Branklin to follow up on the requested documentation for the license as well as addressing physical plant issues. Ms. Branklin stated she emailed the documentation to me in September 2018, but it is possible that the email did not go through. Ms. Branklin agreed to forward the requested documentation to me as soon as possible.

As of the date of this report, I have not received the following documentation from Ms. Branklin: personnel policies, job descriptions, standard or routine procedures, proposed staffing patterns, organizational chart, current floor plan, current financial statement and proposed budget, and verification of lease.

VIOLATION ESTABLISHED

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

Ms. Branklin submitted an individual application for a small adult foster care license (AS6303873960) on 03/14/2017. A denial of issuance was issued for the enrollment on 10/14/2017 partly due to Ms. Branklin's inability to demonstrate her financial and administrative capability to operate an adult foster care home. I have not received a proposed budget, financial statement as well as verification of her education, training and experience. At this point, I am still unable to determine if Ms. Branklin has the financial and administrative capability to operate an adult foster care home.

VIOLATION ESTABLISHED

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:

- (a) Nutrition.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Foster care, as defined in the act.
- (e) Safety and fire prevention.
- (f) Financial and administrative management.
- (g) Knowledge of the needs of the population to be served.
- (h) Resident rights.
- (i) Prevention and containment of communicable diseases.

I have not received verification of education, training and experience for the individual to be appointed as the administrator. I have not been able to determine if the appointed administrator is competent in nutrition, first aid, CPR, foster care, safety and fire prevention, financial and administrative management, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable diseases.

VIOLATION ESTABLISHED

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(4) An applicant and an administrator shall be deemed competent to operate a home upon successfully completing 1 or more of the following:

(a) Training that is developed, approved, or provided by the department.

(b) A competency review that is developed by the department to be given to the applicant and administrator during the licensing process by the licensing agent.

(c) A program of study at an accredited college or university in areas relevant to the applicant's admission policy and program statement.

(d) Experience that is related to the direct care of residents in areas that are relevant to the populations which are identified in the home's admission policy and program statement.

I have not received verification of education, training and experience for the individual to be appointed as the administrator.

VIOLATION ESTABLISHED

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(6) A licensee and the administrator shall have a high school diploma or general education diploma or equivalent and not less than 1 year of experience working with the population identified in the home's program statement and admission policy.

Ms. Branklin submitted an individual application for small adult foster care license (AS6303873960) on 03/14/2017. A denial of issuance was issued for the enrollment on 10/14/2017 partly due to Ms. Branklin's failure to provide verification that she has at least one year of experience with working with population to be served in the facility. I have not received verification of education, training and experience for Ms. Branklin and the individual to be appointed as the administrator.

VIOLATION ESTABLISHED

R 400.14202 Administrator; qualifications.

(1) A home shall have an administrator who shall not have less than 1 year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged.

I have not received verification of education, training and experience for the individual to be appointed as the administrator.

VIOLATION ESTABLISHED

R 400.14203 Licensee and administrative training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

I have not received verification of education, training and experience for Ms. Branklin and the individual to be appointed as the administrator.

VIOLATION ESTABLISHED

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

I have not received Ms. Branklin's medical clearance or the individual to be appointed as the administrator's medical clearance.

VIOLATION ESTABLISHED

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

I have not received Ms. Branklin's TB test results or the individual to be appointed as the administrator TB test results.

VIOLATION ESTABLISHED

R 400.14403 **Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

On 12/04/2018, I received an email from Ferndale Fire Marshal Jack Pesha. In the email, Mr. Pesha stated he performed a life safety inspection on 12/03/2018. Mr. Pesha issued a corrective order requesting removal of the storage in the landing of the rear stairs near the rear door.

VIOLATION ESTABLISHED

R 400.14505 **Smoke detection equipment; location; battery replacement; testing examination; and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.**

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:
(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

On 12/04/2018, I received an email from Ferndale Fire Marshal Jack Pesha. In the email, Mr. Pesha indicated he performed a life safety inspection on 12/03/2018. Mr. Pesha issued a corrective order requesting replacement of the smoke alarm on the ceiling at the top of the stairs on the second level.

VIOLATION ESTABLISHED

R 400.14506 **Fire extinguishers; location, examination, and maintenance.**

(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.


On 12/04/2018, I received an email from Ferndale Fire Marshal Jack Pesha. In the email, Mr. Pesha indicated he performed a life safety inspection on 12/03/2018. Mr. Pesha issued a corrective order requesting a 5 lb. extinguisher is placed on the first floor and second level, and a 10 lb. extinguisher in the basement. Mr. Pesha stated all extinguishers are mounted no higher than 5 feet from the top of the device to the floor.

VIOLATION ESTABLISHED

EXIT CONFERENCE: On 12/11/2018, I conducted an exit conference with applicant Anissa Branklin. I informed her I recommended denial of issuance of the license.

IV. RECOMMENDATION

I recommend denial of issuance of this license.

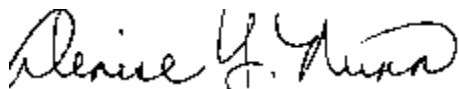


DaShawnda Lindsey
Licensing Consultant

12/11/2018

Date

Approved By:



12/11/2018

Denise Y. Nunn
Area Manager

Date