



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 5, 2018

Angela Asi
Mother Of Grace, LLC
7947 Tulane Street
Taylor, MI 48180

RE: Application #: AS820388807
Mother Of Mercy AFC
7947 Tulane Street
Taylor, MI 48180

Dear Ms. Asi:

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 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 #: | AS820388807 |
| Licensee Name: | Mother Of Grace, LLC |
| Licensee Address: | 7947 Tulane Street Taylor, MI 48180 |
| Licensee Telephone #: | (734) 560-6541 |
| Administrator/Licensee Designee: | Angela Asi, Designee |
| Name of Facility: | Mother Of Mercy AFC |
| Facility Address: | 7947 Tulane Street Taylor, MI 48180 |
| Facility Telephone #: | (231) 715-2383 |
| Application Date: | 06/06/2017 |
| Capacity: | 4 |
| Program Type: | MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 06/06/2017 | On-Line Enrollment |
| 06/07/2017 | Contact - Document Sent |
| 06/29/2017 | Application Incomplete Letter Sent 1326, application sent back for completion |
| 07/17/2017 | Contact - Document Received 1326 for Angela, and App. |
| 07/17/2017 | File Transferred to Field Office Detroit |
| 08/01/2017 | Application assigned to K. Robinson for processing |
| 08/31/2017 | Application Incomplete Letter Sent |
| 10/11/2017 | Contact - Document Received Received licensee training verification and other supporting documents. |
| 12/05/2017 | Contact - Telephone call made Scheduled onsite inspection for 12/12/18 |
| 12/12/2017 | Inspection Completed On-site Multiple physical plant violations exist (i.e. no fire door and wrong exit door locks). |
| 12/21/2017 | Contact - Document Sent Sent licensee letter regarding use of basement. |
| 02/06/2018 | Contact - Telephone call made Attempted to schedule reinspection; licensee said home not ready. Requested revised policies and procedures. |
| 02/26/2018 | Contact - Telephone call received Home ready for reinspection per licensee |
| 03/26/2018 | Inspection Completed On-site Completed 2nd reinspection; physical plant violations continue to exist |
| 04/16/2018 | Contact - Telephone call made Attempted reinspection; licensee said home is not ready. She needs to install fire door and smoke detectors. |
| 05/08/2018 | Contact - Telephone call made |

Follow up call to licensee. She ordered fire door and would like 2 weeks to install it.

05/26/2018 Contact - Telephone call received
Phone message from licensee; home is ready for reinspection.

07/25/2018 Inspection Completed-BCAL Full Compliance

08/08/2018 Application Incomplete Letter Sent
Requested outstanding documents.

10/02/2018 Contact - Document Received
Received supporting documents to verify licensee qualifications.

10/19/2018 Contact - Document Received
Received final supporting documents to verify administrator appointment.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Mother of Mercy AFC home is located in a suburban community outside Detroit. It's nestled in a residential area known as downriver. This single family, ranch styled home is comprised of 3 bedrooms, a living room, dining room, kitchen, 2 full bathrooms (upper and lower level), and finished basement. However, the basement will not be regularly used by residents. The Staff office is housed in the basement.

The furnace and hot water heater are located in the basement with a 1 ¾-inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 10 X 11.42 | 114 | 1 |
| 2 | 11.42 X 11.42 | 130 | 2 |
| 3 | 10.42 X 10.83 | 113 | 1 |

The living and dining room areas measure a total of 213 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. 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 **four** (4) male or female ambulatory adults whose diagnosis is **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: (The Mental Health Authority or other sources).

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 Mother of Grace, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 3/22/17. 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 Mother of Grace, L.L.C. has submitted documentation appointing Angela Asi as Licensee Designee for this facility and Odinaka Nwosu 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 4-bed facility is adequate and includes a minimum of 1 Staff to 4 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), Identego™ (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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 4).



12/5/18

Kara Robinson
Licensing Consultant

Date

Approved By:



12/5/18

Ardra Hunter
Area Manager

Date