



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 12, 2019

Kingsley Matthew
Preferred Optimal Care
Po Box 947
Garden City, MI 48136

RE: Application #: AS820388043
Colbert House
15515 Colbert St.
Romulus, MI 48174

Dear Mr. Matthew:

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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820388043
Applicant Name:	Preferred Optimal Care
Applicant Address:	1011 Mitchell Drive Westland, MI 48185
Applicant Telephone #:	(347)599-3801
Administrator/Licensee Designee:	Kingsley Matthew
Name of Facility:	Colbert House
Facility Address:	15515 Colbert St. Romulus, MI 48174
Facility Telephone #:	(734) 629-3652
Application Date:	04/14/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/14/2017	Enrollment
04/24/2017	Contact - Document Sent Rule & ACT Books
04/24/2017	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Kingsley Matthew
05/17/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Kingsley Matthew
05/22/2017	Licensing Unit file referred for background check review
06/12/2017	Licensing Unit received background check file from review
07/24/2017	File Transferred To Field Office Detroit
08/02/2017	Application Incomplete Letter Sent
10/11/2017	Contact - Telephone call made Spoke with Mr. Matthew regarding requested information. Mr. Matthew reported he moved and called Lansing to update his address on the application, Mr. Matthew reported he just received the incomplete application letter in September and is working on getting the information completed and sent in for consultant review.
12/12/2017	Contact - Telephone call made Requested required documents outlined in application incomplete letter. Mr. Kingsley reported they are forthcoming.
02/08/2018	Consultation Requested/Provided Co-worker Shatonla Daniel and I provided in-depth technical assistance and consultation to Mr. Matthew with regard to developing policy and procedures as well as physical plant. Due date of 03/08/18 for requested documents.

03/22/2018	Contact - Document Received Received required policies and procedures from Mr. Matthew.
04/18/2018	Contact - Document Sent Confirming letter sent to Mr. Matthew requesting revisions and proof of CPR and FA training.
05/21/2018	Contact - Document Received Received revisions and updated policies.
05/24/2018	Application Complete/On-site Needed
06/19/2018	Inspection Completed On-site
06/19/2018	Inspection Completed-BCAL Sub. Compliance
06/27/2018	Application Incomplete Letter Sent Major Physical plant deficiencies. Mr. Matthew requested 60 days for completion.
08/23/2018	Contact - Telephone call made Spoke with Mr. Matthew regarding the physical plant deficiencies. He reported he is still completing the work.
09/26/2018	Contact - Telephone call made Spoke to Mr. Kingsley. He reported he is still working on the physical plant deficiencies and requested an additional 30 days to complete the work.
10/11/2018	Contact-Telephone call made Onsite Inspection scheduled for 11/15/18 at 9:00am
11/15/2018	Inspection Completed- BCAL Sub. Compliance

11/20/2018	Contact-Document Sent Confirming letter.
12/13/2018	Inspection Completed On-site
12/13/2018	Inspection Completed-BCAL Sub. Compliance
12/17/2018	Contact-Document Sent Confirming Letter
02/08/2019	Inspection Completed On-site
02/08/2019	Inspection Completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Colbert House is located in the city of Romulus and County of Wayne. The home is a tan brick and aluminum sided ranch style home. The home consists of 5 bedrooms and 1 full bathroom. The living and dining rooms measure a total of 264 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home has an attached 1 car garage that will be used for storage. The home does not have a basement.

The home is equipped with 2 wheelchair ramps located at both approved means of egress. Both ramps meet the rule requirement.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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	Square Footage	Total Resident Beds
East	14'11"x15'10"	236 sq.ft.	2

West	9'2"x9'4"	86 sq.ft.	1
Northeast	9'8"x10"	97 sq.ft.	1
Northwest	10"x10'3"	103 sq.ft.	1
Southeast	15'9"x5'10" + 4'x11"x7'4"	104 sq.ft.	1

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 ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally ill and/or aged 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.

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 Preferred Optimal Care which is a "Non-Profit Corporation" established in Michigan, on 10/16/2015. 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 Preferred Optimal Care has submitted documentation appointing Kingsley Matthew as Licensee Designee and 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 licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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/licensee designee 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 1-6).



02/12/2019
Date

Pandrea Robinson
Licensing Consultant

Approved By:



02/12/2019
Date

Ardra Hunter
Area Manager