



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

May 20, 2003

Clyde Kemp
The Helping Hands Place
38 Park Place
Pontiac, MI 48341

RE: Application #: AS630245096
The Helping Hands Place
38 Park Place
Pontiac, MI 48341

Dear Mr. Kemp:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Barbara Smalley, Area Manager, at (248) 975-5080.

Sincerely,

Savannah Woods, Licensing Consultant
Bureau of Family Services
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(248) 975-5086

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630245096
Applicant Name:	The Helping Hands Place
Applicant Address:	38 Park Place Pontiac, MI 48341
Applicant Telephone #:	(248) 333-2528
Administrator/Licensee Designee:	Clyde Kemp, Designee
Name of Facility:	The Helping Hands Place
Facility Address:	38 Park Place Pontiac, MI 48341
Facility Telephone #:	(248) 333-2528
Application Date:	01/07/2002
Capacity:	6
Program Type:	TRAUMATIC BRAIN INJURED MENTALLY ILL

II. METHODOLOGY

01/07/2002	Enrollment
01/11/2002	Contact - Face to Face Conducted preliminary inspection.
04/25/2002	Contact - Face to Face Follow up inspection at facility. Discussed record keeping requirements.
10/18/2002	Contact - Face to Face In office meeting with applicant to discuss License Clearance and ART process. Reviewed outstanding items for application.
05/13/2003	Inspection Completed On-site
05/20/2003	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Helping Hands Place Adult foster care home is a wood veneer, colonial style home located in a single-family residential area in the city of Pontiac. Bedrooms and living quarters are located on the main floor of the home. The upper-level of the home contains bedrooms that are not to be used as the bedroom area for licensing purposes. The home has a concrete side drive with carport slab. The home has a 2.5 car attached garage with a fenced front and rear yard area. The home has a full deck located near the side driveway. The home has access to land surrounding the home close to an acre.

Bedrooms were measured and were found to be the following dimensions and accommodation capacity:

Southwest bedroom: 19X11.6= 220.4 square feet to yield 2 residents.
South bedroom: 11.8X11.6=136.88 square feet to yield 2 residents.
Southeast bedroom: 11.6X13.7=158.92 square feet to yield 2 residents.

Total Bedroom Capacity is Six

Living space calculations are: living room measures: 24X25=600 square feet. Dining room measures: 10.4X12.6=131.04 square feet, and Television room measures: 12.6X11.6=146.16 square feet. Total living space is: 877.2 square feet divided by 6 residents=146.2 square feet of living space which is more than the 35 square feet of living space per occupant as required by Rule 405(1). Based on this information, it is

concluded that this facility has the square footage necessary to accommodate up to six adults.

2. Sanitation

The Helping Hands Place utilizes city water and sewer.

3. Fire Safety

The Helping Hands Place is equipped with a hard wire-interconnected smoke detection system with battery back up. Detectors are located on every floor of the home including the sleeping areas, living room and dining room, and rear hallway leading to the kitchen. The garage contains a detector as well since Mr. Kemp may plan in the future to convert this space into a recreation area for residents. Five-pound ABC rated fire extinguishers are located on every floor of the home including the hallway off of the resident bedrooms.

4. Zoning and Excessive Concentration

Federal Fair Housing Amendment exempts this licensee for zoning purposes.

B. Program Description

1. Administrative structure and staff capabilities

The helping Hands Place is a non-profit domestic corporation established to provide specialized and habilitative care. The Corporation was validly incorporated on December 5, 1997 and registered with the Michigan Department of Consumer and Industry Services.

As a part of the application process, The Helping Hands Inc. submitted corporate personnel policies and procedures, admission and discharge policies, job descriptions, a current budget, organizational chart, lease agreement, and floor plan with measurements.

The administrative structure of the corporation consists of:

President	Clyde Kemp
Secretary/Treasure	Sherrell Stephens
Administrator	Sherrell Stephens

Mrs. Stephens is the Administrator and Mr. Clyde Kemp is the Licensee Designee. Mrs. Stephens shall be the home manager and staff in the Helping Hands facility.

Mrs. Stephens is a graduate of Hazel Park High School and has a history of employment as direct care staff and clerical support staff with the Courtyard Manor Auburn Hills AFC home (aged, mentally ill population). And with the Helping hands

room and board home where she gained experience with (traumatic brain injury, mentally ill, and developmentally disabled populations). Mrs. Stephens has verification of training from: Michigan State University, Community based Alternative Services, CRP and First Aid updated this year, and is a licensed cosmetologist. A Licensing Clearance request was processed for Sherrell Stephens. This report indicates that she is not a record felon and that she may be suitable to provide care for dependent adults. A Licensing Record Clearance was processed on the Licensee/Designee Clyde Kemp. The report indicated that Art Review Decision on March 31, 2003 that he was suitable to provide care for dependent adults approved Clyde Kemp. Sherrell Stephens and Clyde Kemp have presented verification of training to this consultant with copies of training documents contained in the licensing file.

The applicant submitted a staffing pattern indicating that the home will have one staff to six residents. Staff will be deployed on a three-shift rotation basis. Sherrell Stephens plans to purchase the Tool Box staff training manual and will use the Community Based Alternative Service agency for basic group home training so that staff may be competent in the areas stipulated in Rule 204(3) prior to performing assigned tasks. It is the responsibility of the licensee to assure the competency of their employees and maintain verification of their training in each persons personnel file. Mrs. Stephens indicated that she had methodology in place to determine the good moral character of staff.

Financial information has been submitted and indicates financial stability and capability on the part of the licensee for the provision of adult foster care services. The corporation has submitted a proposed annual budget, statement of income with actual cash balance for the Helping Hands AFC Inc.

2. Admission/Discharge Policy

The Admission/Discharge policy has been submitted for review. It indicates that it will provide adult foster care services to six residents of either gender who are mentally ill, and traumatic brain injured between the ages of 30 to 60 years old. Residents who refuse to follow the house rules with behaviors that cannot be controlled by neither supervision nor medication will not be considered for placement. Residents who are bedridden, and who are known arsons will not be considered for placement.

3. Programming

This facility will offer the following program elements to residents:

In-home training focused on self-care, communication, and daily living skills.

Transportation services

Administering and monitoring medication

Work related activity, employment, and recreation.

Physical therapy, and medical home visits by physicians, nurses, and psychologist.

In addition to the above program elements, it is the intent of the Helping Hands Place to utilize local and community resources including but not limited to: shopping and recreational facilities, churches, libraries, public schools, and employment opportunities to provide an environment that will permit residents to enhance skills and enjoy the maximum benefits of residential community living.

In accordance with Rule 307, 308, and 309 regarding behavior interventions and crisis intervention programs shall be utilized within the least restrictive level necessary as stated in the individual assessment plan. Residential programs shall be implemented only by trained staff, and with prior approval by the resident's responsible agency.

4. Record Keeping

Mr. Kemp and Mrs. Stephens were reminded at the final inspection that the Department of Family Services requires under Rule 113(3) that the license be posted in the facility at all times. Mrs. Stephens will use the Resident Care Agreement published by the Department as required by Rule 210. Mrs. Stephens plans to use all Departmental forms available to her to complete resident records. Mrs. Stephens has access to the Internet and State of Michigan websites to download forms and publications needed to complete resident records.

The staffing pattern has been reviewed and reflects the number and type of personnel scheduled for direct care of residents in the facility.

Menus have been reviewed and have been determined to reflect an adequate balance of nutritional requirements. Mrs. Stephens stated that it shall be her responsibility to alter the menu to accommodate individual resident needs as required by a physician. Menus will be maintained for a one-year duration.

At the end of the temporary licensing period, it will be determined if the facility is in compliance with Rule 209.

5. Resident Records

Mr. Clyde Kemp and Mrs. Sherrell Stephens were advised of Departmental requirements pertaining to resident rights as outlined under Rule 304, and indicated that it was their intent to achieve and maintain compliance with these requirements.

Sherrell Stephens intends to be in compliance with Rule 311 as it pertains to documenting incident/accident reports.

Medication procedures have been reviewed and all resident medications will be in a locked cabinet located in the office area of the home. Daily medication logs will be kept on every resident receiving medication.

Compliance with the departmental requirements pertaining to resident rights and care will be determined during the temporary licensing period.

C. Rule/Statutory Violations

None

IV. RECOMMENDATION

I recommend issuance of a temporary license. The Helping Hands Inc. has demonstrated substantial compliance with the administrative rules relating to the areas of Quality of care and Physical Plant.

Savanah Woods Date
Licensing Consultant

Approved By:

Barbara Smalley Date
Area Manager