



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 13, 2019

Lillar Hudson
Hudson Home I Inc
P.O. Box 02752
Detroit, MI 48202

RE: Application #: AL820398356
Hudson Home I Inc
750 Virginia Park
Detroit, MI 48202

Dear Ms. Hudson:

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 19 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 that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL820398356
Licensee Name:	Hudson Home I Inc
Licensee Address:	750 Virginia Park St Detroit, MI 48282
Licensee Telephone #:	(313) 875-5499
Licensee Designee:	Lillar Hudson
Administrator	Dante Graham
Name of Facility:	Hudson Home I Inc
Facility Address:	750 Virginia Park Detroit, MI 48202
Facility Telephone #:	(313) 875-5499 02/15/2019
Application Date:	
Capacity:	19
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/15/2019	On-Line Enrollment
02/19/2019	Inspection Report Requested - Fire
02/19/2019	Contact - Document Sent Rules and Acts books. Fire Safety String
03/13/2019	Inspection Completed-Fire Safety : A
03/14/2019	Inspection Completed-Env. Health : A
03/14/2019	Application Incomplete Letter Sent
05/13/2019	Application Complete/On-site Needed
05/14/2019	Contact - Document Received 100 for Dante'
05/14/2019	File Transferred to Field Office Detroit

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Hudson Home 1 is located in the residential section of Detroit. The Victorian brick colonial style home has three floors with spacious living, recreational and dining rooms along with nine bedrooms. The kitchen and dining room is located in the basement. The home has a basement and a fenced in yard with a garage.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

It should be noted this home has been in continuous compliance with all applicable state fire safety and environmental health standards since original opening in 02/22/1977. There was a change in incorporation and EIN from a social security number to a business entity.

This facility is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 st Floor Northwest	11 x 11.75	129.25 sq. ft.	1
1 st Floor Southwest	10 x 13.33	133.3 sq. ft.	2
1 st Floor Northeast	21.33 x 15.25	325.28 sq. ft.	4
2 nd Floor Southwest	10.92 x 14.33	156.48 sq. ft.	2
2 nd Floor East	15.33 x 11.92	182.73 sq. ft.	2
2 nd Floor North	13.33 x 10.83	144.36 sq. ft.	2
2 nd Floor West	13.25 x 10.83	144.36 sq. ft.	2
3 rd Floor Northeast	15.25 x 5.33	81.28 sq. ft.	1
3 rd Floor South	12.25 x 19.66	240.84 sq. ft.	3
Total			19

The living, dining, and sitting room areas measure a total of 667.59 square feet of living space. This meets the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **nineteen** (19) 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 **nineteen** (19) 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. Residents will be referred from: (Detroit Wayne Mental Health Authority).

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 Hudson Home I, Inc., which is a “Non-Profit Corporation” was established in Michigan, on 12/23/2003. 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 Hudson Home, Inc. has submitted documentation appointing Lillar Hudson as Licensee Designee for this facility and Dante Graham 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 19 -bed facility is adequate and includes a minimum of 2 staff –to- 1 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), Morpho Trust USA (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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 19).

Shatonla Daniel

06/05/2019

Shatonla Daniel
Licensing Consultant

Date

Approved By:

A. Hunter

06/12/2019

Ardra Hunter
Area Manager

Date