

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 19, 2019

Olayemi Sanni Freedom Villa, Incorporation P.O. Box 7662 Bloomfield Hills, MI 48302

RE: Application #: AS630395183

Algonquin Home 4785 Algonquin

West Bloomfield, MI 48324

Dear Ms. Sanni:

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 (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630395183

Applicant Name: Freedom Villa, Incorporation

Applicant Address: 200 S. Cass Lake Rd.

Waterford, MI 48328

Applicant Telephone #: (248) 895-7028

Administrator: Faines Majamanda

Licensee Designee: Olayemi Sanni

Name of Facility: Algonquin Home

Facility Address: 4785 Algonquin

West Bloomfield, MI 48324

Facility Telephone #: (248) 403-1006

Application Date: 07/09/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODOLOGY

07/09/2018	Enrollment
07/11/2018	Contact - Document Sent Rules and Acts books
07/11/2018	Application Incomplete Letter Sent 1326 for Faines. 100 for Yemi
07/23/2018	Contact - Document Received 1326 and 3704 for Faines. 100 and 3704 for Yemi.
07/24/2018	File Transferred to Field Office Pontiac
07/27/2018	Contact - Document Received Licensing file received from Central office
09/11/2018	Application Incomplete Letter Sent
04/23/2019	Inspection Completed On-site
05/17/2019	Contact – Document Received
05/17/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Algonquin Home is located at 4785 Algonquin, West Bloomfield, MI 48033. The home is owned by Jogs Limited Dividend Housing Corporation and managed by Community Housing Network. Proof of ownership and permission to inspect the property is contained in the facility file.

Algonquin Home is a brick-vinyl sided ranch styled residential structure with 2386 square feet of living space. The home consists of a kitchen, living room, dining room, family room, three bedrooms, two full bathrooms, an office, a laundry room, a mechanical room and an attached garage.

The living room, dining room and family room measure a total of 587 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are in the mechanical room that is accessed from the outside at the back of the home. It is equipped with an approved fire rated door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational. The home is wheelchair accessible as both means of egress do not contain stairs and lead directly to a flat cemented surface. Fire extinguishers are installed in the home and in the mechanical room. The facility utilizes public water and sewage disposal services.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'7" x 11'2"	185	2
2	17'1" x 11'2"	190	2
3	11'2" x 17'	189	2

Total capacity: 6

Based on the above information, this facility can accommodate six 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 routine procedures for the facility were reviewed and accepted as written. Freedom Villa Inc. intends to provide 24-hour supervision, protection and personal care to six (6) adults, male or female, who are physically handicapped, developmentally disabled and mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Freedom Villa Inc. will be under contract with Community Health Network and will accept referrals for placement by Macomb Oakland Regional Center, Inc. (MORC), Community Network Services (CNS), Training Treatment Innovations (TTI) and Easter Seals.

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 or the responsible person.

C. Applicant and Administrator Qualifications

The applicant is Freedom Villa Inc. a "Non-Profit Corporation", established in Michigan on 10/31/2008. 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 Freedom Villa, Inc. has submitted documentation appointing Faines Majamanda as the administrator for this facility and Yemi Sanni as the licensee designee of the facility.

A criminal history background check for Faines Majamanda and Yemi Sanni were completed and they were determined to be of good moral character to provide licensed adult foster care. Faines Majamanda and Yemi Sanni submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Faines Majamanda and Yemi Sanni have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Majamanda is the Executive Director of Freedom Villa Inc. and has worked for the company since 2008. She currently serves as the administrator for two licensed adult foster care homes, Cass Lake Home – AS630299536 and Olmstead Home – AS630377897. Ms. Majamanda has served as the administrator for the Cass Lake Home since 2009 and for the Olmstead Home since 2016. She possesses an associate degree in Liberal Arts and Applied Science as well as a bachelor's degree in Social Work. Ms. Sanni is the Administrative Director for Freedom Villa Inc. and possesses a Bachelor of Science in Nursing. She has been a registered nurse in the State of Michigan since 2010.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. Freedom Villa Inc. acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Freedom Villa Inc. has indicated that direct care staff will be awake during sleeping hours.

Freedom Villa Inc. acknowledged an understanding of the qualifications, suitability, and training 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.

Freedom Villa Inc. acknowledged an understanding of the responsibility to assess the good moral character of employees. Freedom Villa Inc. acknowledges the requirement for obtaining criminal record checks of employees and contractors who have <u>regular</u>, <u>ongoing</u> "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (<u>www.miltcpartnership.org</u>) and the related documents required to demonstrate compliance.

Freedom Villa Inc. acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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.

Freedom Villa Inc. acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Freedom Villa Inc. acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Freedom Villa Inc. acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Freedom Villa Inc. acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Freedom Villa Inc. acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file. Freedom Villa Inc. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Freedom Villa Inc. acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents personal money transactions that have been agreed to be managed by the applicant.

Freedom Villa Inc. acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Freedom Villa Inc. indicated the intent to respect and safeguard these resident rights.

Freedom Villa Inc. acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Freedom Villa Inc. acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Freedom Villa Inc. acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

Lindy Ben

Area Manager

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.

	9/13/2019
Cindy Berry Licensing Consultant	Date
Approved By:	
Denice G. Munn	09/19/2019
Denise Y Nunn	Date