



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 27, 2019

Karen Lothery
8120 Sirron
Detroit, MI 48234

RE: Application #: AS820396869
Our Faith
8120 Sirron
Detroit, MI 48234

Dear Ms. Lothery:

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 cursive script that reads "Karen Davis".

Karen Davis, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 296-5412

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS820396869 |
| Applicant Name: | Karen Lothery |
| Applicant Address: | 8120 Sirron Detroit, MI 48234 |
| Applicant Telephone #: | (313) 821-0683 |
| Administrator/Licensee Designee: | Karen Lothery |
| Name of Facility: | Our Faith |
| Facility Address: | 8120 Sirron Detroit, MI 48234 |
| Facility Telephone #: | (313) 304-5330 |
| Application Date: | 10/06/2018 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|--|
| 10/06/2018 | Enrollment |
| 10/18/2018 | Contact - Document Sent Acts books. |
| 10/18/2018 | Application Incomplete Letter Sent 1326, RI-030, and FP for Karen Lothery. 100 for Administrator. |
| 10/18/2018 | Lic. Unit file referred for background check review File Given to Candace |
| 11/09/2018 | Contact - Document Received 1326, RI-030, FP, and 100 for Karen Lothery. |
| 11/09/2018 | File Transferred to Field Office Detroit |
| 11/30/2018 | Application Incomplete Letter Sent |
| 05/30/2019 | Contact - Telephone call made |
| 05/30/2019 | Contact - Document Sent |
| 08/12/2019 | Inspection Completed On-site |
| 08/12/2019 | Inspection Completed-BCAL Sub. Non-Compliance |
| 08/26/2019 | Inspection Completed On-site |
| 08/26/2019 | Inspection Completed-BCAL Full Compliance |
| 09/10/2019 | PSOR on Address Completed |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential area on the east side of Detroit MI. The facility address is 8120 Sirron Detroit, MI 48234. The home is a colonial brick home, with driveway and street parking. The home has two bedrooms on the main floor and two large bedrooms on the second floor. There are two full bathrooms, one on each floors. The main floor bedrooms are in the rear of the house. The main entrance leads to a large open living room which is connected to the formal dining room. The facility has a large kitchen. The home is not wheelchair accessible. There are two means of egress the side door and front entrance. The home utilizes public water and sewage disposal.

The gas furnace and the facility water heater are in the basement of the home. The fire door is located at the main floor leading to the basement. The door is equipped with a 1-3/4 inch solid core 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. I observed each occupied floor and basement is equipped with smoke detectors.

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

| Bedrooms # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-------------------|------------------------|-----------------------------|----------------------------|
| Bedrooms #1 | 13 x10 | 130 | 1 |
| Bedrooms #2 | 13 x 14 | 182 | 2 |
| Bedrooms #3 | 14 x 12 | 168 | 2 |
| Bedrooms #4 | 12 x 12 | 144 | 1 |

Karen Lothery, the applicant understands the exit door in bedroom #1 will not be used as a means of egress to the backyard porch by staff and residents.

The indoor living and dining areas measure a total of **390** square feet of living space. This meets the minimum of **35** square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is not wheelchair accessible and cannot accommodate wheelchairs.

B. Program Description

Karen Lothery, applicant intends to provide 24-hour supervision, protection and personal care to six (6) male residents who are aged, mentally ill, and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational, day programs, employment, and transportation. The applicant intends to accept referrals from Wayne County DHHS, CMH, Veterans Administration, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of Karen Lothery, applicant is to utilize local community resources for recreational activities including the public

schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and or increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant Karen Lothery has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Criminal history background checks of Karen Lothery applicant/ administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. Karen Lothery applicant/ administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Karen Lothery applicant/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Karen Lothery applicant/ administrator has been a Licensee/administrator for the following facilities:

- Redferns Manor III - #AS820067064 from 1995 -1997 the population served was mentally ill.
- Chanderliers Manor – # AS820092266 from 2000 -2012 the population served was mentally ill
- Chanderliers Manor II - # AS8200251133 from 2002 – 2014 the population served were mentally ill, and developmentally disabled.

The staffing pattern for the original license of this six(6) bed facility is adequate and includes a minimum of one (1) staff for six (6) residents per shift. Karen Lothery applicant acknowledged that the staff to resident ratio may need to be increased 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. Karen Lothery applicant has indicated that direct care staff will not be awake during sleeping hours.

Karen Lothery applicant/ administrator 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.

Karen Lothery applicant/ administrator acknowledged an understanding of the responsibility to assess the good moral character of employees. Karen Lothery applicant/ administrator acknowledged the requirement for obtaining criminal record

checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Karen Lothery applicant/ administrator 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 Karen Lothery, licensee 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.

Karen Lothery applicant/ administrator 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, Karen Lothery applicant/ administrator 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.

Karen Lothery applicant/ administrator acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Karen Lothery applicant/ administrator 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.

Karen Lothery applicant/ administrator acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Karen Lothery applicant/ administrator acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Karen Lothery applicant/ administrator 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 resident’s personal money transactions that have been agreed to be managed by the applicant.

Karen Lothery applicant/ administrator 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. Karen Lothery applicant/ administrator indicated the intent to respect and safeguard these resident rights.

Karen Lothery applicant/ administrator 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.

Karen Lothery applicant/ administrator 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.

Karen Lothery applicant/ administrator 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

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

 09/12/2019

Karen Davis Date
Licensing Consultant

Approved By:

 09/27/2019

Ardra Hunter Date
Area Manager