



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 17, 2019

Nollis Sanders
11160 Worden St
Detroit, MI 48224

RE: Application #: AF820398874
Connie's House
11160 Worden St
Detroit, MI 48224

Dear Mr. Sanders:

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 3 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 #:	AF820398874
Applicant Name:	Nollis Sanders
Applicant Address:	11160 Worden St Detroit, MI 48224
Applicant Telephone #:	(602) 639-3512
Administrator/Licensee Designee:	N/A
Name of Facility:	Conniey's House
Facility Address:	11160 Worden St Detroit, MI 48224
Facility Telephone #:	(313) 264-8605
Application Date:	03/19/2019
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/19/2019	Enrollment
03/21/2019	Contact - Document Sent Rules and Acts books.
03/21/2019	Application Incomplete Letter Sent 1326, RI-030, and FP for Nollis. 100 for Responsible Person.
04/17/2019	Lic. Unit file referred for background check review Given to Candace. Nollis has FP hit.
04/23/2019	Contact - Telephone call received Spoke with Nollis Sanders he has updated his address with SOS.
04/23/2019	File Transferred To Field Office Detroit
05/14/2019	Application Incomplete Letter Sent
05/14/2019	Contact - Document Sent 45 day letter
06/03/2019	Contact - Document Received House rules, evacuation plan, lease agreement. Lease agreement does not authorize AFC. Also need financial documentation
07/18/2019	Inspection Completed On-site
07/18/2019	Inspection Completed-BCAL Sub. Compliance
09/10/2019	Inspection Completed On-site
09/23/2019	Inspection Completed-BCAL Full Compliance Received photographs of completed work in the facility
09/23/2019	Application Complete/On-site Needed

III. Description of Findings & Conclusions

A. Physical Plant

The Conniey's House is located in a residential area in Detroit. The bungalow home is a gray brick and gray aluminum siding structure with a full basement and detached

garage. The first floor of the home consists of a living room, kitchen, addition sitting area, a full- bathrooms and three bedrooms.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with smoke alarm system installed to the building electrical system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room _12.92_ X _9.17_ = _118.48_ sq. ft.

Dining room _10.83_ X _10.42_ = _112.85_ sq. ft.

Resident bedrooms

North bedroom _9_ X 9.17_ = _80_ sq. ft. (1 resident)

Southeast bedroom _10.92_ X 12.83 = _140.10_ sq. ft. (2 residents)

The applicant has requested a license for _3_ residents and based on the above information can accommodate _3_ residents.

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory, male and female adults whose diagnosis is mentally ill, age, and/or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

2. Applicant and Household

Nollis Sanders is the applicant. The applicant also conducts business as _Nollis Sanders. The applicant lives in the home alone. The applicant has designated a responsible person who can be available to supervise the residents in the applicants absence.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant submitted financial information and based on this information meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The supervision of residents in this family home licensed for (3) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the training and qualifications requirements for the responsible person or volunteers and/or staff to provide a specialized program prior to each person working in the home in that capacity or providing care to residents in the home.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or any additional staff or volunteers 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.

5. Records & Record Keeping

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicant:

Resident Identification Form
Resident care Agreement
Health Care Appraisal
Medication Record
Monthly Weight Record
Assessment Plan
Funds & Valuables Record Part 1 & 2
Incident/Accident Report

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 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. Recommendation

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for residents (mentally ill, developmentally delayed, and age population). The term of the license will be for a six-month period effective 10/17/2019.

V. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 3).



10/14/2019

Shatonla Daniel
Licensing Consultant

Date

Approved By:



10/17/2019

Ardra Hunter
Area Manager

Date