



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 18, 2020

ReConna Marshall
A Caring Touch, LLC
11854 Kennebec
DETROIT, MI 48205

RE: Application #: AS820398784
A Caring Touch
11866 Kennebec St
Detroit, MI 48205

Dear Mrs. Marshall:

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 5 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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820398784
Licensee Name:	ReConna Marshall
Licensee Address:	11854 Kennebec DETROIT, MI 48205
Licensee Telephone #:	(313) 492-9371
Administrator/Licensee Designee:	ReConna Marshall
Name of Facility:	A Caring Touch
Facility Address:	11866 Kennebec St Detroit, MI 48205
Facility Telephone #:	(313) 371-7011
Application Date:	03/15/2019
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

03/15/2019	On-Line Enrollment
03/18/2019	Contact - Document Sent (Act book)
03/29/2019	Contact - Document Received 1326, RI-030, and FP for ReConna. 100 for Jan.
03/29/2019	File Transferred to Field Office (Detroit)
05/21/2019	Comment – App assigned to K. Robinson
05/23/2019	Application Incomplete Letter Sent
05/23/2019	Contact - Telephone call made Call to licensee; she owns the property and established the LLC over 1 year
07/03/2019	Contact - Document Received Received partial supporting documents
08/29/2019	Contact - Telephone call made Scheduled onsite inspection with licensee
09/11/2019	Inspection Completed On-site Physical plant violations exist
11/07/2019	Inspection Completed On-site Porch steps in need of repair; trip hazard
11/14/2019	Inspection Completed-BCAL Full Compliance
12/10/2019	Application Incomplete Letter Sent Requested additional supporting documents
01/07/2020	Contact - Document Received Supporting documents hand delivered to Detroit office
02/07/2020	Contact - Telephone call made Call to licensee regarding qualifications
02/12/2020	Contact - Document Received Licensee hand delivered final supporting documents (resume to verify experience with additional training certifications).
02/14/2020	Contact – Telephone call made Call to Mrs. Marshall to verify Administrator; she is both.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The A Caring Touch home is located on Detroit's east side in a residential community with nearby shops, restaurants, and access to mass transit. The home is located across the street from a public playground and there is a school close by. This 2-story home is comprised of a living room, separate dining room, 4 bedrooms, 2 baths, kitchen, and basement. It also has a detached garage.

The furnace and hot water heater are located in the basement behind a 90-minute fire rated (steel) door that is equipped with an automatic self-closing device and positive latching hardware. The fire door is located at the top of the basement stairs off from the kitchen. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.66 X 9.66	122	1
2	10.75 X 11.33	122	1
3	11.66 X 8.83 + 6.33 X 2.92	122	1
4	14.83 X 10.75	159	2

The living, dining, and sitting room areas measure a total of 339 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **FIVE (5)** 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 **FIVE (5)** 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: (private referrals from rehab and nursing home facilities).

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 A Caring Touch, L.L.C., which is a Domestic Limited Liability Company, was established in Michigan, on 2/10/17 (with Jan Garret as the Resident Agent). 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 A Caring Touch, L.L.C. has submitted documentation appointing Mrs. ReConna Marshall as Licensee Designee for this facility and Mrs. ReConna Marshall 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 5-bed facility is adequate and includes a minimum of 1-Staff to 5-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), MorphoTrust™ (formerly Identego®), 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 small group home (capacity 1-5).



02/14/2020

Kara Robinson
Licensing Consultant

Date

Approved By:



02/14/2020

Ardra Hunter
Area Manager

Date