



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 5, 2020

Dorris Howard  
Best Kept Home Care  
3278 Leslie  
Detroit, MI 48238

RE: Application #: AS820398615  
**Best Kept Home Care**  
**7207 Bhur**  
**Hamtramck, MI 48212**

Dear Ms. Howard:

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 dark ink, appearing to read "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820398615
<b>Licensee Name:</b>	Best Kept Home Care
<b>Licensee Address:</b>	3278 Leslie Detroit, MI 48238
<b>Licensee Telephone #:</b>	(313) 574-6682
<b>Administrator/Licensee Designee:</b>	Dorris Howard, Designee
<b>Name of Facility:</b>	Best Kept Home Care
<b>Facility Address:</b>	7207 Bhur Hamtramck, MI 48212
<b>Facility Telephone #:</b>	(313) 574-6682
<b>Application Date:</b>	03/06/2019
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

03/06/2019	On-Line Enrollment
03/11/2019	Contact - Document Sent Acts book
04/18/2019	Lic. Unit file referred for background check review Given to Candace. Dorris has a FP hit.
04/18/2019	Lic. Unit file referred for background check review Given to Candace. Rukiya Administrator has ICHAT hit and Self Confessed.
06/26/2019	Application Incomplete Letter Sent
06/26/2019	Contact - Telephone call made Telephone call to applicant. Message left.
09/17/2019	Contact - Document Sent 30 day closure letter sent.
10/15/2019	Contact - Document Received Enrollment documents received.
12/02/2019	Contact - Telephone call made Telephone call to licensee designee, Ms. Howard. Discussed changes to documents submitted. She will make changes and resubmit documents in the next three weeks.
01/29/2020	Inspection Completed On-site
01/29/2020	Inspection Completed-BCAL Sub. Compliance
03/11/2020	Application Complete On-site Needed
03/11/2020	Inspection Completed On-site

03/11/2020	Inspection Completed – BCAL Full Compliance
04/21/2020	Contact – Document Received.
4/21/2020	Contact – Telephone call received.
5/2/2020	Contact – Documents received.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story brick dwelling located in a residential neighborhood in the city of Hamtramck, in Wayne County. The facility has on street parking for staff and visitor parking. The facility has two living areas, a dining room, four resident bedrooms, two resident bathrooms and a basement which is not accessible to residents. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a fire door located at the stairway. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in the bedroom areas, dining room and basement of the home. The facility is equipped with fire extinguishers which are located on each level of the facility.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'9" X 9'4"	109.62	1 Resident
Bedroom # 2	9'10" X 15'0"	147.45	2 Residents
Bedroom # 3	8'5" X 8'4"	70.13	1 Resident
Bedroom # 4	7'9" X 11'5"	88.50	1 Resident

Living Area # 1	14'3" X 12'0" 12'2" X 8'3"	271.40	
Living Area # 2	10'3" X 12'4"	126.38	

The living areas measure a total of 397.78 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.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for five (5) male or female residents. The facility will accept medically managed mentally ill adults. The facility will reinforce skills of daily living with residents and provide residents with the opportunity to participate in social/recreational activities in the home as well as making use of resources in the community.

## **C. Applicant and Administrator Qualifications**

The applicant is Best Kept Home Care, a Domestic Limited Liability Company established on 2/14/2019. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents and income from Dorris Howard working as a health aide.

Dorris Howard is the licensee designee for the facility. A criminal history clearance was completed on 4/18/2019 for Ms. Howard and no criminal convictions were found. Ms. Howard submitted a medical clearance dated 10/5/2019 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Howard.

Rukiya Howard is the administrator for the facility. A criminal history clearance was completed on 4/18/2019 for Ms. Rukiya Howard and no criminal convictions were found that would prevent Ms. Howard from acting as the administrator for this facility. Ms. Howard submitted a medical clearance dated 10/5/2019 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Rukiya Howard.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Dorris Howard and Ms. Rukiya Howard provided documentation that they have over the required 1 year of experience providing direct care as a home health aides. Both of them have also provided documentation that they have completed CPR

and First Aid through the American Heart Association and additional required training through Detroit Wayne Integrated Health Network.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. The 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant 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.

The applicant t 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, the applicant 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 up the retention schedule for those document contained within each employee’s record.

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

The applicant acknowledged the responsibility to obtain the required 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

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

The applicant 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.

The applicant acknowledged that the residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the physical plan rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).



5/5/2020

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Andrea Green  
Licensing Consultant

Date

Approved By:



5/5/2020

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Ardra Hunter  
Area Manager

Date