



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 22, 2020

Showanesh Mebratu
Helen AFC Homes Inc
PO Box 430481
Pontiac, MI 48343

RE: Application #: AS630404757
Helen AFC Home I Inc
284 N Perry St
Pontiac, MI 48342

Dear Ms. Mebratu:

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,

A handwritten signature in cursive script that reads "Cindy Berry".

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 #:	AS630404757
Applicant Name:	Helen AFC Homes Inc
Applicant Address:	1616 Marshbank Drive Pontiac, MI 48340
Applicant Telephone #:	(248) 333-1697
Administrator/Licensee Designee:	Showanesh Mebratu
Name of Facility:	Helen AFC Home I Inc
Facility Address:	284 N Perry St Pontiac, MI 48342
Facility Telephone #:	(248) 818-0451
Application Date:	06/06/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/06/2020	Enrollment Online Application Download Failure
06/17/2020	Comment Per consultant, can use the 1326, AFC100 and RI030 from previous file
06/24/2020	Contact - Document Received Licensing file received from Central office
07/10/2020	Application Incomplete Letter Sent
08/24/2020	Contact - Document Received
08/24/2020	Inspection Completed On-site
08/24/2020	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.

Helen AFC Home I is located at 384 N. Perry St, Pontiac, MI. The home is owned by Habtezion Medhanie and Showanesh Mebratu. Proof of ownership is contained in the facility file.

Helen AFC Home I is a wood framed multi-family style home with brick exterior. Helen AFC Home I is located in the upper unit and Helen AFC Home II AS630377685 is located in the lower unit. Helen AFC Home I has 967 square feet of living space and consists of a kitchen, living room, dining room, family room, two bathrooms, office, five bedrooms and a basement. The home is not wheelchair accessible.

The home is heated by a natural gas forced air furnace located in the basement along with the hot water heater, washing machine and dryer and are equipped with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The home utilizes a public water supply and sewage disposal system.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. There are fire extinguishers located on each level of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6" x 10'	135	1
2	13'6" x 10"	135	1
3	11'3" x 13'4"	150	1
4	11'9" x 13'6"	158	1
5	13'4" x 13'7"	181	2

Total capacity: 6

Measurements were taken of the indoor living space and are as follows: The living room measured 13'9" x 16' or 220 square feet, the dining room measured 15' x 10' or 150 square feet, the family room measured 13'9" x 16' or 220. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

Helen AFC Home Inc. submitted an application for an original license on June 6, 2020 for a small group home. The licensee designee and administrator of Helen AFC Home Inc. is Showanesh Mebratu. The application indicates that the home will accept both males and females, 21 years of age and older who are developmentally disabled and/or mentally ill. The home is not wheelchair accessible. Therefore, the residents must be ambulatory.

Helen AFC Home Inc. intends to provide 24-hour supervision, protection, and personal care to six residents. The program will include social interaction, meal preparation, community activities, medication administration and scheduling, monitoring and transportation to medical appointments. The program is designed to meet the needs, interests, and abilities of the residents.

In addition to the above program elements, it is the intent of Helen AFC Home Inc. to utilize local community resources for recreational activities including the library, local parks, shopping centers, churches, movie theaters, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Helen AFC Homes Inc. is a “Non-Profit Corporation”, established in Michigan on October 22, 1999. Ms. Mebratu 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 Helen AFC Homes Inc. has submitted documentation appointing Showanesh Mebratu as licensee designee and administrator for this facility.

A criminal history background check of Ms. Mebratu was completed, and she is determined to be of good moral character to provide licensed adult foster care. Ms. Mebratu submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Mebratu has been involved in providing Adult Foster Care services to developmentally disabled and mentally ill individuals for over 17 years. She has served as the licensee designee and administrator for Helen AFC Home II – AS630377685 since 2016 and Helen AFC Home III – AS630259628 since 2003. Ms. Mebratu submitted documentation of various trainings she has participated in within the last year. Based on her previous experience, Ms. Mebratu is qualified to serve as the licensee designee and administrator for the Helen AFC Home I.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Ms. Mebratu acknowledged that the staff to resident ratio may need to be increase 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. Ms. Mebratu has indicated that direct care staff will be awake during sleeping hours.

Ms. Mebratu 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.

Ms. Mebratu acknowledged an understanding of the responsibility to assess the good moral character of employees and 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) and the related documents required to demonstrate compliance.

Ms. Mebratu 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, Ms. Mebratu 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.

Ms. Mebratu 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, Ms. Mebratu 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.

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

Ms. Mebratu 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.

Ms. Mebratu acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

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

Ms. Mebratu 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. Ms. Mebratu indicated the intent to respect and safeguard these resident rights.

Ms. Mebratu 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.

Ms. Mebratu 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.

Ms. Mebratu 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 the 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 home with a capacity of 1-6.

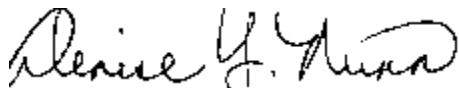


10/21/2020

Cindy Berry
Licensing Consultant

Date

Approved By:



10/22/2020

Denise Y. Nunn
Area Manager

Date