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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 1, 2021

Tywanna Tanner
St. Ruth's House Of Hope 1 LLC
3100 S. Electric St
Detroit, MI 48217

RE: Application #: AS820403723
St. Ruth's House Of Hope
3100 S. Electric
Detroit, MI 48217

Dear Ms. Tanner:

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 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

License #:	AS820403723
Licensee Name:	St. Ruth's House Of Hope 1 LLC
Licensee Address:	3100 S. Electric St Detroit, MI 48217
Licensee Telephone #:	(313) 974-9487
Administrator/Licensee Designee:	Tywanna Tanner
Name of Facility:	St. Ruth's House Of Hope
Facility Address:	3100 S. Electric Detroit, MI 48217
Facility Telephone #:	(313) 974-9487
Application Date:	02/28/2020
Capacity:	3
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

02/28/2020	On-Line Enrollment
03/02/2020	Contact - Document Sent Forms sent
04/02/2020	Contact - Document Received Afc 100, 1326,ri030, fps
04/22/2020	Application Incomplete Letter Sent
06/05/2020	Contact - Document Received Enrollment documents received.
07/29/2020	Contact - Telephone call made Telephone call to applicant. Message left.
07/29/2020	Contact - Document Sent Email sent requesting additional documents needed.
07/29/2020	Contact - Telephone call received Telephone call from applicant. She stated that she will complete and send the additional required documents in the next 30 days.
08/19/2020	Contact - Document Received
10/28/2020	Contact - Telephone call made On-site visit scheduled for 11/4.
11/04/2020	Inspection Completed On-site
11/04/2020	Inspection Completed-BCAL Sub. Compliance
11/06/2020	Application Incomplete Letter Sent

01/07/2021 Inspection Completed On-site

01/07/2021 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story aluminum sided dwelling located in a residential neighborhood in the city of Detroit, in Wayne County. The facility has on street parking for staff and visitor parking. The facility has a living room, dining room, kitchen, three resident bedrooms and one full resident bathroom. 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 top of 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 hallway off the living room and bedrooms and in the basement stairway. 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	10'9" X 8'5"	90.515	1 Resident
Bedroom # 2	11'2" X 9'10"	109.80	1 Resident
Bedroom # 3	9'10" X 10'	98.3	1 Resident
Living Room	14'10" X 11'8"	172.91	

The living area measure a total of 172.91 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 three (3) residents.

The facility is not wheelchair accessible.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for three (3) male or female residents who are aged, mentally ill, and who may have Alzheimer's disease. The program activities may include assisting with meal preparation, hobbies of personal interest to residents, games, music, crafts, reading, television, dancing, and opportunities to participate in recreational activities in the home as well as making use of resources in the community.

At the time of hire direct care staff will be provided with all required training including training specific to Alzheimer's/dementia in order to meet the needs of residents. All staff will be provided with ongoing opportunities for continuing education and support related to Alzheimer's/dementia.

C. Applicant and Administrator Qualifications

The applicant is St. Ruth's House of Hope I LLC, a Domestic Limited Liability Company established on 9/9/2019. 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 the AFC residents along with income from the applicant working as a Unit manager at HCR Manor Care.

Tywanna Tanner is the licensee designee and administrator for the facility. A criminal history clearance was completed on 4/2/2020 and no criminal convictions were found. Ms. Tanner submitted a medical clearance dated 5/28/2020 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. Tanner.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Tanner provided documentation that she has over 15 years of experience working with the aged and mentally ill population and individuals suffering with Alzheimer's as a home health aide, resident assistant, licensed practical nurse and registered nurse. Ms. Tanner also provided documentation that she has completed training through Detroit Wayne Integrated Health Network, Davenport University, and The American Red Cross training services.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff for 3 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 the 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) 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 documents 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.

D. Rule/Statutory Violations

Compliance with the physical plant 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 3).



2/1/2021

Andrea Green
Licensing Consultant

Date

Approved By:



2/1/2021

Ardra Hunter
Area Manager

Date