



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 6, 2021

Corliss Watkins  
49783 Parkside Dr  
Northville, MI 48168

RE: Application #: AF820406380  
**Watkins AFC Home**  
**17226 Lake View Circle**  
**Northville, MI 48168**

Dear Ms. Watkins:

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 "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>	AF820406380
<b>Applicant Name:</b>	Corliss Watkins
<b>Applicant Address:</b>	49783 Parkside Dr Northville, MI 48168
<b>Applicant Telephone #:</b>	(248) 773-1682
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Watkins AFC Home
<b>Facility Address:</b>	17226 Lake View Circle Northville, MI 48168
<b>Facility Telephone #:</b>	(248) 924-6784 11/09/2020
<b>Application Date:</b>	
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

11/09/2020	Enrollment
11/09/2020	Application Incomplete Letter Sent AFC 100 for Barbara & 1326 for Corliss
11/12/2020	PSOR on Address Completed
11/12/2020	Contact - Document Sent forms
01/05/2021	Contact - Document Received 1326 & RI-030 for Corliss; AFC100 for Barbara
01/19/2021	Contact - Document Received Sos updated
03/08/2021	Contact - Telephone call received Telephone call from applicant. Message left.
03/09/2021	Application Incomplete Letter Sent
03/09/2021	Contact - Telephone call made Telephone call to applicant. She stated that she will send her documents today.
04/02/2021	Contact - Telephone call received Telephone call from Ms. Watkins. She stated that the requested enrollment documents were mailed on 3/15/2021.
04/05/2021	Contact - Telephone call received Enrollment documents received at the office. Documents were time stamped 3/16/2021.
04/14/2021	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single-story brick and wood siding dwelling located in a residential neighborhood in the city of Northville in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has a living room, dining room, kitchen, two resident bedrooms, and one full resident bathroom. The home also has a third bedroom for the licensee and a second bathroom. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. Floor separation between the basement and the main level of the home is created by a fire door located at the bottom of the stairway. The laundry area is located in an enclosed room on the main level of the home.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedroom area, living area and in the basement of the facility. 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	10'0" X 13'0"	130	1 Resident
Bedroom # 2	14'0" X 13'0"	182	2 Residents
Living Area	23'0" X 17'0"	391	

The living areas measure a total of 391 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) female residents. The facility will accept mentally ill and developmentally disabled adults. The facility will teach and reinforce skills of daily living with the residents. The facility will provide residents with the opportunity to participate in recreational and social activities in the home as well as making use of resources in the community.

## **C. Applicant and Administrator Qualification**

Corliss Watkins is the licensee for this facility. A criminal history check was completed and no convictions were found. Ms. Watkins submitted a medical clearance dated 3/11/2021 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. Watkins.

Barbara Mae Davis is the responsible person for the facility. A criminal history check was completed for Ms. Davis and no convictions were found. Ms. Davis submitted a medical clearance dated 11/23/2020 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. Davis.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents for the for the last four years.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

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, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to 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.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

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. In addition, the applicant indicates 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 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 acknowledged 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.

The applicant acknowledged the responsibility to maintain a current resident form on file in the home for each resident and retain all of the documents 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 services 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 regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

Compliance with the licensing act and administrative rules related to the physical plant 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 an on-site inspection.

