



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 10, 2023

Julie Wiley
Wormer Residential Care Home, LLC
14420 Wormer
Redford, MI 48239

RE: Application #: AS820414650
The Wormer Residence
14420 Wormer
Redford Township, MI 48239

Dear Ms. Wiley:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820414650

Applicant Name: Wormer Residential Care Home, LLC

Applicant Address: 14420 Wormer
Redford, MI 48239

Applicant Telephone #: (248) 355-2294

Administrator/Licensee Designee: Julie Wiley

Name of Facility: The Wormer Residence

Facility Address: 14420 Wormer
Redford Township, MI 48239

Facility Telephone #: (313) 740-7551
10/27/2022

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/27/2022	Enrollment
11/03/2022	Application Incomplete Letter Sent 1326, afc100, additional fee
11/03/2022	PSOR on Address Completed
11/03/2022	Contact - Document Sent forms sent
01/09/2023	Contact - Document Received 1326/IRS Letter/ additional fee
02/13/2023	Application Incomplete Letter Sent
02/21/2023	Contact - Document Received enrollment documents
03/10/2023	Inspection Completed On-site
03/10/2023	Inspection Completed-BCAL Sub. Compliance
03/21/2023	Inspection Completed On-site
03/21/2023	Inspection Completed-BCAL Full Compliance
04/06/2023	Contact - Document Received enrollment documents received.
04/06/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Wormer Residence is a large ranch style home located in a residential area of Metro Detroit. The home address is 14420 Wormer, Redford MI. 48239. The home has a red brick finish, an attached garage and driveway that is located on the southside of the home with adequate parking for staff and visitors. There are four bedrooms three of which will be used for resident use, kitchen, family room, two full bathrooms, living room and dining area that can accommodate six residents. The home has two means of egress, the main entrance and side door. The home utilizes public water and sewage disposal.

This facility is wheelchair accessible and can accommodate wheelchairs.

The gas furnace and water heater are located in an enclosed room on the across from the laundry room. Furnace room is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
East #1	14.66 x 10.33	151	2
West #2	11 x 15.17	167	2
West #3	10.5 x 15.25	160	2

The indoor living and dining areas measure a total of **(361)** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six **(6)** 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 **six (6)** both male and female residents who are aged, mentally ill, developmentally disabled physically handicapped, traumatically brain injured or Alzheimer's, 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: (Detroit Wayne Integrated Health Network).

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 intent to this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and/or increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Wormer Residential Care Home, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/18 /2023. 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 Wormer Residential Care Home, L.L.C., has submitted documentation appointing Julie Wiley as Licensee Designee for this facility and the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and 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 licensee designee is the current or previous licensee designee and administrator for the following facilities:

Facility Name	License Number	Population	Original License Date/ Facility Status
Serenity Fields (Administrator)	AS630296731	Developmentally Disabled/Mentally III/ Alzheimer's/ Traumatically Brain Injured	2009 - 2011
L & W Adult Foster Care Home (Licensee Designee/Administrator)	AS630086106	Mentally III/ Traumatically Brain Injured	1999 - Active
Assure Residential Care II (Licensee Designee/Administrator)	AS630348519	Developmentally Disabled/Mentally III/ Aged/ Traumatically Brain Injured\Physically Handicapped	2014 - 2018
Assure Consulting Group (Licensee Designee)	AS820292849	Developmentally Disabled/Mentally III	2009 - 2012

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



04/06/2023

Denasha Walker
Licensing Consultant

Date

Approved By:



04/10/2023

Ardra Hunter
Area Manager

Date