



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 18, 2023

Vernon Crump
28230 Somerset Residence LLC
28230 Somerset
Inkster, MI 48141

RE: Application #: AS820414623
28230 Somerset Residence LLC
28230 Somerset
Inkster, MI 48141

Dear Vernon Crump:

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 blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS820414623 |
| Licensee Name: | 28230 Somerset Residence LLC |
| Licensee Address: | 28230 Somerset Inkster, MI 48141 |
| Licensee Telephone #: | (313) 598-0628 |
| Administrator/Licensee Designee: | Vernon Crump, Designee |
| Name of Facility: | 28230 Somerset Residence LLC |
| Facility Address: | 28230 Somerset Inkster, MI 48141 |
| Facility Telephone #: | (313) 598-0628 |
| Application Date: | 10/31/2022 |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|---|
| 10/31/2022 | On-Line Enrollment |
| 11/02/2022 | PSOR on Address Completed |
| 11/02/2022 | Contact - Document Sent forms sent. |
| 12/02/2022 | Contact - Document Received 1326/RI030 |
| 01/31/2023 | Application Incomplete Letter Sent |
| 03/15/2023 | Contact - Document Received |
| 03/16/2023 | Contact - Document Sent |
| 03/17/2023 | Contact - Document Received |
| 04/06/2023 | Contact - Document Received |
| 04/13/2023 | Contact - Telephone call made. TA |
| 04/28/2023 | Application Complete/On-site Needed |
| 06/13/2023 | Inspection Completed On-site |
| 06/26/2023 | Contact - Document Received |
| 06/26/2023 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The 28230 Somerset Residence LLC is in a residential area in Inkster. The home is a single-story structure with an attached garage. The home consists of three bedrooms, a full bathroom, a half bath, a living room, and a dining room/kitchen area.

The heat plant and hot water heater are located in the basement. There is a 1-hour-fire-resistance rating door at the top of stairwell to create floor separation.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 10.5 X 11.6 | 122 | 1 |
| 2 | 11.4 X 13.2 | 150 | 2 |
| 3 | 11.6 X 11.4 | 132 | 2 |

The living room measure a total of 216 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

This facility cannot accommodate wheelchairs.

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 five (5) male or female ambulatory adults whose diagnosis is developmentally disabled mentally impaired or aged, 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 County Mental Health Authority.

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 the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is 28230 Somerset Residence LLC. 28230 Somerset Residence LLC is a "Limited Liability Corporation" established in Michigan, on 10/31/2022. 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.

Vernon Crump is the sole member of this LLC, and he has appointed himself as the licensee designee/administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting he is in good health and had a current TB-tine negative result.

The licensee designee/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff – to - 5 residents per shift. All staff shall be awake during sleeping hours.

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

The applicant 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 applicant 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

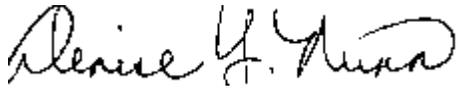
I recommend issuance of a temporary license to this AFC adult small group home.



Edith Richardson
Licensing Consultant

07/05/2023
Date

Approved By:



07/18/2023

Denise Y.Nunn for Ardra Hunter
Area Manager

Date