



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 5, 2023

Kamita Bell  
Humanity Outreach Inc.  
24613 Hopkins St.  
Dearborn Heights, MI 48125

RE: Application #: AS820412946  
**Humanity Outreach**  
**14927 Sorrento St.**  
**Detroit, MI 48227**

Dear Ms. Bell:

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 that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820412946

**Licensee Name:** Humanity Outreach Inc.

**Licensee Address:** 24613 Hopkins St.  
Dearborn Heights, MI 48125

**Licensee Telephone #:** (248) 327-0599

**Administrator/Licensee Designee:** Kamita Bell, Designee

**Name of Facility:** Humanity Outreach

**Facility Address:** 14927 Sorrento St.  
Detroit, MI 48227

**Facility Telephone #:** (248) 677-6340

**Application Date:** 06/07/2022

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODOLOGY

|            |  |
|------------|--|
| 06/07/2022 | On-Line Enrollment   |
| 06/22/2022 | Contact - Document Sent<br>Form sent to applicant.   |
| 10/07/2022 | Contact - Document Received<br>AFC-100, 1326, ri030, app   |
| 10/13/2022 | PSOR on Address Completed  |
| 10/13/2022 | File Transferred to Field Office   |
| 10/18/2022 | Application Incomplete Letter Sent   |
| 12/06/2022 | Contact – Document Received<br>Received supporting documents via USPS.   |
| 12/07/2022 | Inspection Completed On-site<br>Physical plant violations exist; corrections required.   |
| 12/13/2022 | Contact - Telephone call received<br>Text from licensee about fire door.   |
| 12/14/2022 | Contact - Telephone call made<br>Text reply to licensee.   |
| 01/09/2023 | Contact - Telephone call received<br>Text from licensee to verify supporting documents were received.  |
| 02/15/2023 | Contact - Telephone call received<br>Text from licensee with update on facility repairs; repairs delayed due to family death.                  |
| 03/24/2023 | Contact - Telephone call received<br>Text from licensee with repair update; fire door must be returned because it is less than 30 inches wide. |
| 03/24/2023 | Contact - Telephone call made<br>Text reply to licensee. To touch base in 2 weeks.   |
| 04/25/2023 | Contact - Telephone call made<br>Text to licensee for status update. Licensee said home is not ready for re-inspection yet.                    |
| 05/25/2023 | Contact - Telephone call received  |

Text update from Licensee; home should be ready for reinspection by next week.

07/06/2023 Contact - Telephone call received  
Text update from licensee; home needs minor repairs like sanding, painting, and cleaning.

07/14/2023 Contact - Telephone call received  
Text from licensee; home is ready for re-inspection.

07/24/2023 Contact - Telephone call made  
Scheduled re-inspection.

08/01/2023 Inspection Completed On-site  
Physical plant violations exist; corrections required.

08/07/2023 Contact - Document Received  
Received supporting documents via email.

08/23/2023 Inspection Completed-BCAL Full Compliance

09/28/2023 Contact – Document Received  
Received final training document.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Humanity Outreach home is located on Detroit’s northwest side in a residential neighborhood. The home is near city transit and several local businesses, like party stores, gas stations, churches, and fast-food restaurants. The home was originally a 2-family flat, later converted to a single housing unit. This 2-story structure is currently comprised of 4 bedrooms and 2 full bathrooms. The main floor of the house has a living room, dining room, 2 bedrooms, 1 full bath, and kitchen. The upstairs has 2 bedrooms, 1 full bath, a sitting room, and staff office. The basement is accessed from the main floor. The basement door is next to the stairwell leading to the upstairs.

The furnace and hot water heater are located in the basement behind a steel, 90-minute fire resistant rated door. The fire door has an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system that is hardwired through the home’s electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 9 X 11.25       | 101                  | 1                   |
| 2         | 11.5 X 9        | 104                  | 1                   |
| 3         | 13.83 X 11.08   | 153                  | 2                   |
| 4         | 9.25 X 12       | 111                  | 1                   |

The living, dining, and sitting room areas measure a total of 317 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 **FIVE** (5) 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 five (5) **male** ambulatory adults **ages 40 and up** whose diagnosis is **developmentally disabled or mentally impaired**, 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: (Community Mental Health agencies or other local partners).

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 Humanity Outreach, Inc., which is a Domestic Nonprofit Corporation established in Michigan on 3/31/16. 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 Humanity Outreach, INC has submitted documentation appointing Kamita Bell as Licensee Designee for this facility and Kamita Bell as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the 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 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 on duty 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](http://www.miltcpartnership.org)), Identego™ (formerly L-1 Identity Solutions®), 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 licensee is in full 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 adult foster care small group home (capacity 1 - 5).



9/29/23

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Kara Robinson  
Licensing Consultant

Date

Approved By:



10/5/23

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Ardra Hunter  
Area Manager

Date