



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 5, 2023

Edith Ndukwe
EXL Logistics LLC
26730 Carlisle St.
Inkster, MI 48141

RE: Application #: AS820413873
BETTER U HOMES
26730 Carlisle Street
Inkster, MI 48141

Dear Edith Ndukwe:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 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 "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820413873
Licensee Name:	EXL Logistics LLC
Licensee Address:	26730 Carlisle St. Inkster, MI 48141
Licensee Telephone #:	(734) 837-6660
Administrator/Licensee Designee:	Edith Ndukwe
Name of Facility:	BETTER U HOMES
Facility Address:	26730 Carlisle Street Inkster, MI 48141
Facility Telephone #:	(313) 633-1359 08/19/2022
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/19/2022	On-Line Enrollment
08/26/2022	PSOR on Address Completed
08/30/2022	Contact - Document Sent forms sent.
10/14/2022	Contact - Document Received 1326, ri030,afc100
11/02/2022	File Transferred To Field Office
11/03/2022	Application Incomplete Letter Sent
11/14/2022	Application Incomplete Letter Sent
12/22/2022	Contact - Document Received updated app and additional fee Chk#28475647211 Amt:\$50.00
02/22/2023	Contact - Document Sent Incomplete Group Application Letter Sent.
03/22/2023	Contact - Document Sent
04/03/2023	Contact - Document Sent
04/21/2023	Contact - Document Received
06/07/2023	Contact - Document Received Incomplete application documentation received.
06/16/2023	Contact - Document Sent
08/03/2023	Inspection Completed-BCAL Sub. Compliance
08/04/2023	Application Incomplete Letter Sent
09/12/2023	Contact - Document Sent
09/21/2023	Inspection Completed-BCAL Full Compliance
10/05/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Better U Homes small adult foster care facility is ranch style home with a basement located in a subdivision in Inkster, MI. There are three resident bedrooms, one bathroom, living area, dining area, and kitchen on the main floor. The home has 2 approved means of egress but is not wheelchair accessible. The facility utilizes public water and sewage.

The furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid wood core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.2 X 8.11	83 SQ. FT.	1
2	8.10 X 11.4	92 SQ. FT.	1
3	12.5 X 11.0	137 SQ. FT.	2

The living, dining, and sitting room areas measure a total of 190 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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 **four (4)** male or female ambulatory adults 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. The applicant intends to accept residents from (Wayne County-DHS, Wayne County CMH, or private pay individuals) as a referral source.

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 EXL Logistics, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 05/22/2019. 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 members of EXL Logistics, L.L.C. have submitted documentation appointing Edith Ndukwe as Licensee Designee and 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 four-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee’s 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 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 acknowledges their 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 the retention schedule for those documents contained within each employee’s record.

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 acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 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 the issuance of a temporary license.



Vanita C. Bouldin
Licensing Consultant

Date: 10/5/2023

Approved By:



Ardra Hunter
Area Manager

Date: 10/5/2023