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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 8, 2023

Jasmine Andrews
Complete Best Care LLC
18072 Woodingham Drive
Detroit, MI 48221

RE: Application #: AS820415312
Complete Best Care
18072 Woodingham Drive
Detroit, MI 48221

Dear Ms. Andrews:

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 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 #: | AS820415312 |
| Licensee Name: | Complete Best Care LLC |
| Licensee Address: | 18072 Woodingham Drive Detroit, MI 48221 |
| Licensee Telephone #: | (313) 828-3020 |
| Administrator/Licensee Designee: | Jasmine Andrews, Designee |
| Name of Facility: | Complete Best Care |
| Facility Address: | 18072 Woodingham Drive Detroit, MI 48221 |
| Facility Telephone #: | (313) 340-2146 |
| Application Date: | 01/09/2023 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|--|
| 01/09/2023 | On-Line Enrollment |
| 01/10/2023 | PSOR on Address Completed |
| 01/10/2023 | Contact - Document Sent forms sent. |
| 01/20/2023 | Contact - Document Received 1326/Ri030/fps |
| 02/08/2023 | Application Incomplete Letter Sent Attempted to call licensee for app details; no answer. |
| 03/06/2023 | Contact - Document Received Supporting documents hand delivered to Cadillac Place |
| 03/07/2023 | Contact - Document Sent Email to licensee to schedule onsite. |
| 03/24/2023 | Contact - Telephone call made Confirmed appt time with licensee. |
| 03/30/2023 | Inspection Completed On-site Physical plant violations exist. |
| 05/16/2023 | Contact - Document Sent Scheduled reinspection with licensee. |
| 05/18/2023 | Inspection Completed On-site Physical plant violations exist. |
| 07/11/2023 | Inspection Completed-BCAL Full Compliance |
| 08/02/2023 | Contact - Document Received Received final supporting document (appt letter). |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Complete Best Care home is in a residential neighborhood on Detroit's northwest side in the Bagley Community. The 2-story brick structure is a single-family unit comprised of 4 bedrooms, 1 ½ baths, living room, separate dining room, and kitchen with high-end finishes. There is an office slated for staff use located directly across from the living room. The living room has a wood burning fireplace that will not be used. Bedroom 2 has an extra door that leads to an outdoor balcony; this door has been sealed shut and will not be used by residents for safety reasons.

The furnace and hot water heater are in the basement behind a 90-minute fire-resistant rated door that is equipped with an automatic self-closing device and positive latching hardware. The fire door is located at the top of the basement stairs. The washer and dryer are also in the basement. 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 | 11 X 12.5 | 138 | 1 |
| 2 | 9.75 X 11.58 | 113 | 1 |
| 3 | 12 X 19.83 | 238 | 2 |
| 4 | 11.42 X 17.17 | 196 | 2 |

The living, dining, and sitting room areas measure a total of 475 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 **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)**

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. Residents will be referred from: (Detroit Wayne Integrated Health Network, PACE, and/or word-of-mouth).

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 Complete Best Care, LLC which is a Domestic Limited Liability Company and was established in Michigan on 5/24/21. 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 Complete Best Care, LLC has submitted documentation appointing Jasmine Andrews as Licensee Designee for this facility and Jasmine Andrews 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 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 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), 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 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 fully complied 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 (capacity 1-6).



8/3/23

Kara Robinson
Licensing Consultant

Date

Approved By:



8/8/23

Ardra Hunter
Area Manager

Date