



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 31, 2023

Regina Amadi
Luke Michaels, INC
31412 Kathryn St.
Garden City, MI 48135

RE: Application #: AS820414407
Luke Michaels, Inc 1
5861 Hipp St.
Taylor, MI 48180

Dear Ms. Amadi:

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 #:	AS820414407
Applicant Name:	Luke Michaels, INC
Applicant Address:	31412 Kathryn St. Garden City, MI 48135
Applicant Telephone #:	(734) 330-3262
Administrator/Licensee Designee:	Regina Amadi
Name of Facility:	Luke Michaels, Inc 1
Facility Address:	5861 Hipp St. Taylor, MI 48180
Facility Telephone #:	(734) 633-1796 09/19/2022
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/19/2022	Enrollment
10/07/2022	Application Incomplete Letter Sent 1326, New Fps ones on file are older than 24 months, name for the location needs to be different
10/07/2022	PSOR on Address Completed
10/07/2022	Contact - Document Sent forms sent
02/22/2023	Contact - Document Received 1326,FP, IRS ltr
02/24/2023	Application Incomplete Letter Sent
04/18/2023	Contact - Document Received
06/27/2023	Inspection Completed On-site
06/27/2023	Inspection Completed-BCAL Sub. Compliance
07/14/2023	SC-Application Received - Original
08/25/2023	Inspection Completed On-site
08/25/2023	Application Complete/On-site Needed
08/25/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Luke Michaels, Inc 1 is a ranch style home located in a residential area of Taylor; the address is 5861 Hipp St Taylor, MI. 48180. The facility has tan siding with a fenced backyard. There are five bedrooms, two baths, kitchen, living room, formal dining room, and family room. Four of the of the five bedrooms will be used for resident sleeping, one bedroom will be used as an office area. The facility has two means of egress, the main entrance and back door located in the rear of the home. The home utilizes public water and sewage disposal.

The facility is wheelchair accessible.

The facility has a furnace and hot water heater located in a room that is constructed of material that has a 1-hour-fire-resistance rating. There is also a furnace located in the attic that has been reinforced with a 1-3/4 inch solid core wood or equivalent. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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
W	9.66 x 13.42	130	1
N	13.25 x 15	199	2
N	10.75 x 13.66	147	2
SE	14.08 x 11.42	161	1

The living, dining, and sitting room areas measure a total of 683 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. The facility has the space for more than 6 residents. However, the licensee designee is aware the capacity is 6 and cannot to exceed the 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, physically handicapped, aged 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.

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 Luke Michaels, Inc., which is a “For Profit Corporation” or “Non Profit Corporation” was established in Michigan, on 12/04/2008. 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.

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 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
Platinum Care, Inc. (Licensee Designee)	AS820282331	Physically Handicapped/ Aged/ Developmentally Disabled/Mentally III	2006 - Active
Heartlys TLC (Licensee Designee/Administrator)	AS820292741	Physically Handicapped/ Aged/ Developmentally Disabled/Mentally III	2007 - Active
Syracuse TLC (Licensee Designee)	AS820297237	Developmentally Disabled/Mentally III	2009 - Active
Luke Michaels, Inc (Licensee Designee/Administrator)	AS820401949	Physically Handicapped/ Aged/ Developmentally Disabled/Mentally III	2020- Active

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

Choose one:

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



08/28/2023

Denasha Walker
Licensing Consultant

Date

Approved By:



08/29/2023

Ardra Hunter
Area Manager

Date