



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2024

Nkemakonam Obiora
Royal Divine Services LLC
546 Cherry Orchard
Farmington Hills, MI 48336

RE: Application #: AS630415940
Shiawassee Manor
30017 Shiawassee St
Farmington Hills, MI 48336

Dear Ms. Obiora:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630415940
Applicant Name:	Royal Divine Services LLC
Applicant Address:	546 Cherry Orchard Farmington Hills, MI 48336
Applicant Telephone #:	
Administrator/Licensee Designee:	Nkemakonam Obiora
Name of Facility:	Shiawassee Manor
Facility Address:	30017 Shiawassee St Farmington Hills, MI 48336
Facility Telephone #:	
Application Date:	02/28/2023
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

02/28/2023	Enrollment
03/21/2023	Contact - Document Received RI030
03/21/2023	PSOR on Address Completed
03/21/2023	Application Incomplete Letter Sent Pages 2 & 3 of app and 1326
03/21/2023	Contact - Document Sent Forms sent
09/07/2023	Contact - Document Sent Follow up second request application incomplete letter.
10/12/2023	Contact - Document Received 1326/RI030 and page 2 of app
10/13/2023	Contact - Document Received 3rd page of the app
10/23/2023	Application Incomplete Letter Sent
01/12/2024	Contact - Document Received Received documents
01/24/2024	Inspection Completed On-site
01/24/2024	Inspection Completed-BCAL Sub. Compliance
01/24/2024	Application Complete/On-site Needed
01/26/2024	Contact - Document Received Received documents
02/01/2024	Application Incomplete Letter Sent Confirming letter emailed
02/01/2024	Contact - Document Received Received documentation
02/15/2024	Contact - Document Sent Sent an email requesting documentation

03/01/2024	Contact - Document Sent Requested documentation
03/06/2024	Contact - Document Received Received documentation

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch home located in the city of Farmington Hills. The main level consist of a kitchen with an adjoined dining area, a living room, a full bathroom, a lavatory and three resident bedrooms. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The home utilizes public water and sewage.

The furnace and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The home 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
1	11' x 9'6" - 6'5" x 2'2"	90.57	1
2	11'2" x 10'7"	118.18	1
3	10'2" x 9'7"	97.43	1

Total capacity: 3

The living, dining, and sitting room areas measure a total of 280.91 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 **three (3)** 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 **three (3)** 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 Oakland County-DHS, Oakland 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Royal Divine Services LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 03/04/2022. 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.

The members of Royal Divine Services LLC have submitted documentation appointing Nkemakonam Obiora as licensee designee and the administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Obiora. Ms. Obiora submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Obiora as the administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Obiora has worked at Prestige Home (AS820305891) for over five years. Her current role is a supervisor. Populations served are physically handicapped, developmentally disabled, mentally ill, aged, traumatic brain injury and Alzheimer's.

The staffing pattern for the original license of this three-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. Ms. Obiora acknowledged 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. Ms. Obiora has indicated that direct care staff will be awake during sleeping hours.

Ms. Obiora 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.

Ms. Obiora acknowledged 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.

Ms. Obiora 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.

Ms. Obiora acknowledged 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, Ms. Obiora 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.

Ms. Obiora acknowledged her 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, Ms. Obiora acknowledged her 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.

Ms. Obiora acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Obiora acknowledged her 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.

Ms. Obiora acknowledged her 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.

Ms. Obiora acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Obiora acknowledged 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.

Ms. Obiora acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Obiora indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Obiora acknowledged 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. Ms. Obiora has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Obiora acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

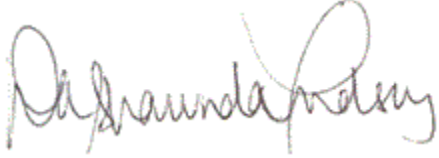
Ms. Obiora acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Royal Divine Services LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

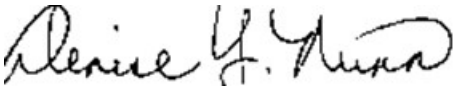
I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3).



DaShawnda Lindsey
Licensing Consultant

03/13/2024
Date

Approved By:



Denise Y. Nunn
Area Manager

04/08/2024
Date