



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2024

Dena Green
Pauline's Place LLC
20253 Saint Mary's Street
Detroit, MI 48235

RE: Application #: AS820416482
Pauline's Place AFC
20253 Saint Marys
Detroit, MI 48235

Dear Mrs. Green:

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 #:	AS820416482
Licensee Name:	Pauline's Place LLC
Licensee Address:	20253 Saint Mary's Street Detroit, MI 48235
Licensee Telephone #:	(248) 249-2937
Administrator/Licensee Designee:	Dena Green, Designee
Name of Facility:	Pauline's Place AFC
Facility Address:	20253 Saint Marys Detroit, MI 48235
Facility Telephone #:	(313) 646-9762
Application Date:	05/15/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED WHEELCHAIR ACCESSIBLE

II. METHODOLOGY

05/15/2023	On-Line Enrollment
05/19/2023	PSOR on Address Completed
05/19/2023	Contact - Document Sent Forms emailed to applicant.
05/26/2023	Contact - Document Received 1326/ri030/FPS, AFC 100
06/08/2023	Application Incomplete Letter Sent
07/25/2023	Contact - Document Received Received supporting documents.
09/07/2023	Contact - Telephone call made Left message for Dena Green; no response.
09/21/2023	Contact - Telephone call made Left message for Dena Green.
09/22/2023	Contact - Document Sent Email to Mrs. Green requesting that she contact me.
09/22/2023	Contact - Telephone call received Return call from Mrs. Green; licensee provided her cell number for future contacts.
09/27/2023	Contact - Telephone call made Scheduled onsite with Mrs. Green.
10/03/2023	Inspection Completed On-site Physical plant violations exist.
11/28/2023	Inspection Completed On-site Physical plant violations exist.
02/01/2024	Application Incomplete Letter Sent Mailed updated copy requesting changes and revisions.
02/09/2024	Contact - Telephone call received Call from Mrs. Green to report the home is almost ready for reinspection.
02/29/2024	Inspection Completed-BCAL Full Compliance

03/08/2024

Contact - Document Received
Received final training documents. Full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Pauline's Place home is located on Detroit's west side in a residential neighborhood. The home is close to several local businesses, including restaurants, churches, salons, gas stations, clothing shops and more. There is access to public transit with several freeways close by. The layout of the home is a ranch structure with 3 bedrooms, 2.5 bathrooms, separate living room and dining room, an office, and kitchen. The basement was finished, but the finishes on the interior walls and ceilings were removed to comply with the licensing rules. The hot water heater and furnace are located in the basement. There is a steel door at the top of the basement stairs with a 90-minute fire resistant rating. 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.

It should also be noted the full bathroom on the main floor of the home has a heater built into the original structure of the home; the heater is not powered by the main heating source. The heater is no longer operable as the wires were cut.

The home **can** accommodate persons who require the regular use of a wheelchair. The home has 2 approved wheelchair ramps. The ramps are located at the front/main entrance of the home and in the back off from the staff office.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.17 X 12.08	171	2
2	12.08 X 10.83 + 2.92 X 1.75	136	2
3	12.08 X 12	144	2

The living, dining, and office measure a total of 671 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)** female adults whose diagnosis is physically handicapped or aged, 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: (word of mouth and local rehabilitation centers).

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 Pauline's Place LLC which is a Domestic Limited Liability Company established in Michigan on 1/5/23. 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 Pauline's Place, L.L.C. has submitted documentation appointing Dena Green as Licensee Designee for this facility and Dena Green as the Administrator of the facility.

A licensing record clearance request was completed with no lien 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 and shall increase based on resident needs. 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 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 applicant is in 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 1-6)



04/05/24

Kara Robinson
Licensing Consultant

Date

Approved By:



04/10/24

Ardra Hunter
Area Manager

Date