



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 6, 2024

Margaret Watts
Margaret Watts & Eugene Watson
20641 Washtenaw St
Harper Woods, MI 48225

RE: Application #: AF820416445
E&M House of Love & Peace
20641 Washtenaw St
Harper Woods, MI 48225

Dear Mrs. Watts and Mr. Watson:

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 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 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 #:	AF820416445
Applicant Name:	Margaret Watts & Eugene Watson
Applicant Address:	20641 Washtenaw St Harper Woods, MI 48225
Applicant Telephone #:	(313) 642-1949
Administrator/Licensee Designee:	Margaret Watts, Designee
Name of Facility:	E&M House of Love & Peace
Facility Address:	20641 Washtenaw St Harper Woods, MI 48225
Facility Telephone #:	(313) 926-6079
Application Date:	05/01/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

05/01/2023	Enrollment
05/10/2023	PSOR on Address Completed
05/10/2023	Application Incomplete Letter Sent 1326/ri030/NEW FPS for both applicants, Eugene must update address and AFC100 for responsible person
05/10/2023	Contact - Document Sent Forms sent to applicant.
06/29/2023	Contact - Document Received 1326/ri030/afc100, SOS update
09/07/2023	Contact - Document Sent Follow up 2nd req application incomplete letter
09/11/2023	Contact - Document Received Updated address
09/11/2023	Comment Application assigned to K. Robinson
09/21/2023	Application Incomplete Letter Sent
10/05/2023	Contact - Document Received Deed and Medical clearances.
10/31/2023	Contact - Telephone call received Call from Mrs. Watts to confirm receipt of documents.
11/16/2023	Contact - Telephone call made Scheduled onsite with Mrs. Watts
11/28/2023	Inspection Completed On-site Physical plant violations exist.
12/01/2023	Contact - Document Received Training transcripts and Proof of education and experience.
12/05/2023	Contact - Telephone call received Mrs. Watts called to confirms receipt of supporting documents.
12/11/2023	Contact - Document Received Received additional proof of experience.
12/15/2023	Contact – Document Sent

Confirming letter.

01/05/2024	Contact – Telephone call made Call to Mrs. Watts about overdue CAP.
02/06/2024	Inspection Completed On-site Physical plant violations exist.
03/07/2024	Inspection Completed On-site Full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The E & M House of Love & Peace home is a family home located in Harper Woods, Michigan. The home is in a residential neighborhood near several local businesses, including, but not limited to, restaurants, schools, and many retail store chains. The home is a 2-family flat dwelling that was converted to a single family home. The residents will reside on both floors of the home. The first floor of the home is comprised of 2 bedrooms, 1 full bath, kitchen, and living room. The second floor of the home is comprised of 3 bedrooms (Mrs. Watts and Mr. Watson have the master bedroom), 1 full bathroom, and eat-in kitchen.

The furnace and hot water heater are located in the basement. The home utilizes private water and sewer systems. The fire door is at the bottom of the basement stairs. This steel fire door has a 90-minute fire resistant rating, and it is equipped with 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. Fire extinguishers are installed on all levels of the home, including the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9 X 13	117	1
2	11.83 X 9.17	108	1
3	13 X 9	117	1
4	12 X 9.17	110	1

The living, dining, and sitting room areas measure a total of 298 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) ambulatory residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility is not wheelchair assessable.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory male or female residents ages 40-90 years of age. The approved program type for this license is the aged population only. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant plans to get placement referrals from local hospitals, rehabilitation centers 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Margaret Watts and Eugene Watson. Mrs. Watts and Mr. Watson submitted medical clearances with statements from a physician documenting their good health and current TB negative results. The household solely consists of Mrs. Watts and Mr. Watson.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by Mrs. Watts verification of employment as a contingent nurse, plus retirement benefits.

Both applicants acknowledge they understand the requirements for providing adult foster care services in a family home setting. Both applicants understand that they must reside in the home in order to maintain this facility type.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the applicant, 24 hours a day / 7 days a week. A responsible person shall be on-call to provide assistance when necessary.

The applicant has indicated that for the original license of this 4-bed family home, there is adequate supervision with at least one household member on duty at all times. The applicant understands that the staff to resident ratio shall increase based on the needs of the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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 TM (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 applicant 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 was 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 AFC family home (capacity 1-4).



04/23/24

Kara Robinson
Licensing Consultant

Date

Approved By:



04/23/24

Ardra Hunter
Area Manager

Date