



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 19, 2024

Arnel Elzie-Farris  
The Whitlow Premier Estates  
4275 W. Maple Rd  
West Bloomfield Hill, MI 48301

RE: Application #: AS630415329  
**The Whitlow**  
**4275 W. Maple Rd.**  
**Bloomfield Hills, MI 48301**

Dear Arnel Elzie-Farris:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd.  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630415329
<b>Applicant Name:</b>	The Whitlow Premier Estates
<b>Applicant Address:</b>	4275 W. Maple Rd West Bloomfield Hill, MI 48301
<b>Applicant Telephone #:</b>	
<b>Administrator/Licensee Designee:</b>	Arnel Elzie-Farris
<b>Name of Facility:</b>	The Whitlow
<b>Facility Address:</b>	4275 W. Maple Rd. Bloomfield Hills, MI 48301
<b>Facility Telephone #:</b>	(248) 721-2749
	12/21/2022
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

12/21/2022	Enrollment
01/10/2023	PSOR on Address Completed
01/10/2023	Application Incomplete Letter Sent 1326/RI030/FPs, Afc 100
01/10/2023	Contact - Document Sent forms sent
07/27/2023	Contact - Document Sent 2nd APP INC req sent
09/06/2023	Contact - Document Sent Inactive 10-day letter sent.
09/27/2023	Contact - Telephone call received Still interested.
11/08/2023	Contact - Document Received 1326/ri030
11/08/2023	Contact - Document Sent sent email requesting updated application, needs to be completed and sent back to me by 11/15. sent email to dryw217@gmail.com
12/05/2023	Contact - Document Received updated application
12/05/2023	Contact - Document Received IRS
01/29/2024	Application Incomplete Letter Sent App incomplete letter emailed to applicant Curika Washington
05/06/2024	Inspection Completed On-site
05/06/2024	Inspection Completed-BCAL Sub. Compliance
08/26/2024	Inspection Completed-BCAL Full Compliance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

**The Whitlow** is a large, ranch located in the City of Bloomfield Hills. There are six bedrooms and four full bathrooms. A large living room with high ceilings sits next to the dining room. This home is wheelchair accessible and has 2 approved means of egress that accommodates wheelchairs from the first floor. The home utilizes public water and public sewage system.

The gas 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. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	22'06" x 15'02"	341	1
2	14'11" x 13'11"	208	1
3	13'10" x 13'02"	182	2
4	13'06" x 12'07"	170	2

**Total capacity: 6**

The living room and dining room 1 areas measure a total of **502** 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 **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 and non-ambulatory adults whose diagnosis is Alzheimer's Disease, aged and physically handicapped. According to the program statement, the goal of the program is to maximize the functioning of each resident's capability and condition. Self-care and daily living skills will be promoted through on-going guidance in the areas of dressing, grooming, nutrition, supervision, protection, and use of community resources. The applicant intends to accept residents from private

pay individuals as a referral source.

The licensee will utilize Henry Ford West Bloomfield Hospital for all residents' medical needs. The facility will make provision for a variety of leisure and recreational activities.

### **C. Applicant and Administrator Qualifications**

Ms. Elzie-Farris has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the bank statements submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Arnel Elzie-Farris, the applicant/licensee designee and the administrator. Ms. Elzie-Farris, 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.

Ms. Elzie-Farris, the licensee designee, and administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Elzie-Farris has been a personal caregiver since 2019 providing direct care services to the Alzheimer's population.

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. Ms. Elzie-Farris acknowledges 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. Elzie-Farris has indicated that direct care staff will be awake during sleeping hours.

Ms. Elzie-Farris 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. Elzie-Farris acknowledges 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. Elzie-Farris 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Elzie-Farris 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, Ms. Elzie-Farris 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. Elzie-Farris acknowledges their 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. Elzie-Farris acknowledges their 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. Elzie-Farris acknowledges 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. Elzie-Farris acknowledges their 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. Elzie-Farris acknowledges their 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. Elzie-Farris acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Elzie-Farris acknowledges 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. Elzie-Farris acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Elzie-Farris indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Elzie-Farris 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. Ms. Elzie-Farris 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.

Ms. Elzie-Farris 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**

Ms. Elzie-Farris was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to The Whitlow, this adult foster care small group home (capacity 6).



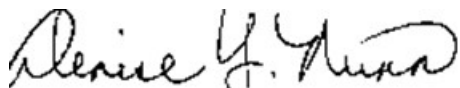
09/03/2024

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:



09/19/2024

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Denise Y. Nunn  
Area Manager

Date