



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2024

Mariah Hicks
Unity Home Health Care LLC
5716 Picadilly Dr.
Haslett, MI 48840

RE: Application #: AS330417742
Dobie Rd - Unity Home Healthcare
4652 Dobie Rd
Okemos, MI 48864

Dear Ms. Hicks:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330417742
Licensee Name:	UNITY HOMECARE LLC
Licensee Address:	5716 Picadilly Dr. Haslett, MI 48840
Licensee Telephone #:	(517) 862-0632
Licensee Designee:	Mariah Hicks
Administrator:	Mariah Hicks
Name of Facility:	Dobie Rd - Unity Home Healthcare
Facility Address:	4652 Dobie Rd Okemos, MI 48864
Facility Telephone #:	(517) 977-1266
Application Date:	09/01/2023
Capacity:	6
Program Type:	MENTALLY ILL AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/01/2023	On-Line Enrollment
09/06/2023	PSOR on Address Completed
09/27/2023	Contact - Document Received- 1326/RI 030/AFC100 for Latisha Roberts-Hicks (referred to C Coburn for review)
09/27/2023	Lic. Unit file referred for background check review Latisha Roberts-Hicks
09/28/2023	File Transferred To Field Office- Lansing via SharePoint
10/02/2023	Application Incomplete Letter Sent- Letter emailed to applicant, Latisha Roberts-Hicks.
07/29/2024	Contact - Document Received- Documents received via email from applicant.
08/12/2024	Contact - Document Sent- Documents reviewed and application incomplete letter sent requesting further documentation.
08/12/2024	Application Incomplete Letter Sent to applicant, via email.
08/22/2024	Contact - Document Received- Documents received via email from applicant, Latisha Roberts-Hicks.
08/28/2024	Application Incomplete Letter Sent- Documents submitted reviewed. Application incomplete letter emailed to applicant, Latisha Roberts-Hicks, requesting further documentation.
09/20/2024	Application Complete/On-site Needed
09/20/2024	Inspection Completed On-site
09/20/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 4652 Dobie Rd., Okemos, MI, in Meridian Township, is a tri-level home. The home is located near the Meridian Mall, and an abundance of local parks, restaurants, and retail stores. The home has five bedrooms and three full bathrooms. Only four of the bedrooms will be licensed for resident use. The fifth bedroom, which is located on the lower level will be used for a live-in direct care staff member's use. There

are three resident bedrooms and a full bathroom with a stand-up shower and a double vanity, on the second floor of the home. The lower level of the home has a single occupancy resident bedroom and a full bathroom with a stand-up shower. The resident bedroom on the lower level of the home has a means of egress through two easily openable windows and two available exits located at the top of the stairs. At least 50% of this basement bedroom height is above grade in this bedroom. The applicant will keep a small ladder available in this bedroom for easy exit through one of the available windows. There are two means of egress from the main level of the home.

The front door leads into the living room, full bathroom with a bathtub/shower combination, and enters the backside of the main level which is a large, open kitchen and dining room area. This area of the home has hardwood ceiling. The second exit is just off from the kitchen, next to the main floor bathroom and leads to a large wooden deck and backyard. The home is not wheelchair accessible as it does not have ramps from the two approved means of egress and there is not a main floor resident bedroom or handicap accessible shower. The home utilizes public water and sewer services. The door hardware on all approved means of egress, resident bedrooms, and bathrooms was positive latching non-locking against egress hardware at the time of this inspection.

There are two gas furnaces and one hot water heater located in the basement. The basement has two separate rooms where each of the furnaces and the hot water heater are located. One furnace room is equipped with one 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The other furnace room is equipped with two 1-3/4 inch solid core doors equipped with an automatic self-closing device and positive latching hardware. This room also includes the laundry facilities for the home and the hot water heater. The furnaces and hot water heater were inspected by a licensed company on 9/4/24. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This system was inspected by DeLau Fire Services on 9/17/24. The home is air conditioned.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
A	9'10ft x 10'5ft	102.4sqft	1
B	9'10ft x 13'4ft	131.1sqft	2
C	13'2ft x 11'4ft	149.2sqft	2
D (lower level)	13'11ft x 7'6ft	104.4sqft	1
Living Room	19'6ft x 14'3ft	277.9sqft	N/A
Dining Room	19'10ft x 18'11ft	375.2sqft	N/A

The living, dining, and sitting room areas measure a total of 653.1 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 adults whose diagnosis is aged, 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 Clinton, Eaton, Ingham County CMH, Tri County Office on Aging, 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 is UNITY HOMECARE, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 9/30/24. 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 UNITY HOMECARE, L.L.C. have submitted documentation appointing Mariah Hicks as Licensee Designee and Administrator of the facility.

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

Ms. Hicks has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Hicks has at least nine years of experience working with the aged, developmentally disabled, and mentally ill populations at two different long term care facilities, including Medilodge of Lansing,

Regency West of Lansing, and Residential Hospice in Troy, MI. In these positions she provided direct care to the clients served.

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. The applicant 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. The applicant has indicated that direct care staff will *not* be awake during sleeping hours. The applicant has agreed that the direct care staff will be awake if a resident's assessment plan indicates the need for this level of supervision and that the residents will have access to the direct care staff during sleeping hours.

The applicant 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.

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) and the related documents required to be maintained in each employee's 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 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, the applicant 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.

The applicant 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. The applicant 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.

The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

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

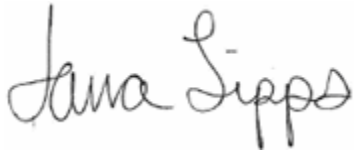
The applicant acknowledges that residents with mobility impairments may not reside at this facility as there is not a main floor bedroom available for resident use.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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

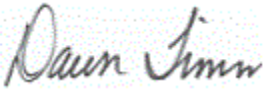


10/2/24

Jana Lipps
Licensing Consultant

Date

Approved By:



10/02/2024

Dawn N. Timm
Area Manager

Date