



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 25, 2024

Markeah Ames  
Virtue Assisted Living  
2979 Hazelwood St  
Detroit, MI 48206

RE: Application #: **AS630418562**  
**Saint Joseph Village**  
**2145 Saint Joseph St**  
**West Bloomfield, MI 48324**

Dear Ms. Ames:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204  
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enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418562
<b>Licensee Name:</b>	Virtue Assisted Living
<b>Licensee Address:</b>	2979 Hazelwood St Detroit, MI 48206
<b>Licensee Telephone #:</b>	(313) 687-3729
<b>Licensee Designee:</b>	Markeah Ames
<b>Administrator:</b>	Markeah Ames
<b>Name of Facility:</b>	Saint Joseph Village
<b>Facility Address:</b>	2145 Saint Joseph St West Bloomfield, MI 48324
<b>Facility Telephone #:</b>	(215) 704-1138
<b>Application Date:</b>	06/06/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

06/06/2024	On-Line Enrollment
06/10/2024	PSOR on Address Completed
06/10/2024	Contact - Document Sent forms sent
06/10/2024	Contact - Document Sent sent app inc via email
06/18/2024	Contact - Document Received 1326/Ri030
07/01/2024	Application Incomplete Letter Sent
07/01/2024	Contact - Telephone call made I spoke to applicant via telephone
07/09/2024	Contact - Document Received Application documents received via email
07/10/2024	Contact - Document Received Email exchange with applicant
07/17/2024	Contact - Document Sent Email exchange with applicant
07/23/2024	Contact - Document Received Application documents received via email
08/08/2024	Application Complete/On-site Needed
08/09/2024	Contact - Telephone call made Telephone call with applicant
08/09/2024	Contact - Document Received Application documents received via email
08/16/2024	Inspection Completed On-site
08/26/2024	Contact - Document Received Received physical plant corection updates via email
08/29/2024	Contact - Document Received Received physical plant corection updates via email

09/04/2024	Contact - Document Received
09/20/2024	Contact - Document Received Email exchange with applicant
09/20/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home with no basement. The home is located in the city of West Bloomfield, Michigan. The home consists of five resident bedrooms, one full-size bathroom and one-half bathroom. Upon entering the home, the living room is the first room accessed. Past the living room is the kitchen area and a hallway that leads to four resident bedrooms, one full size bathroom and one ½ bathroom. Past the hallway is a door that encloses the furnace and hot water heater. Directly past the kitchen are the dining room and laundry room areas. Off of the dining room is another resident bedroom and a patio door that leads to the backyard. The home is not wheelchair accessible and does not have at least two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace and gas water heater system. The furnace and hot water heater are located on the main floor of the home and are equipped with a 1¾ - inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' 10" x 11' 10"	101	1
2	11' 2" x 11' 9"	132	1
3	11' 6" x 8' 6"	90	1
4	11' 6" x 10' 10"	112	1
5	10' 3" x 14' 3"	140	2

**Total capacity: 6**

The indoor living and dining areas measure a total of 355 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Virtue Assisted Living, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 05/29/2024. 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 Virtue Assisted Living, L.L.C. have submitted documentation appointing Markeah Ames as licensee designee and administrator of the facility.

Criminal history background checks of Ms. Ames were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Ames submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Ames has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Ames is currently

the administrator and licensee designee for another licensed adult foster care facility since February 2019. During this time, Ms. Ames has provided direct care to residents, including grooming, bathing, transfers/lifting, medication administration, supervision and protection. Ms. Ames also oversees the daily management operations of the adult foster care facility and is aware of all required AFC paperwork and forms. Ms. Ames provided copies of her training certificates, confirming she has the necessary trainings to be qualified as a licensee designee and administrator.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Ms. Ames acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Ames has indicated that direct care staff will be awake during sleeping hours.

Ms. Ames 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. Ames acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Ames acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Ames acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Ames 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. Ames acknowledged the 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. Ames acknowledged the 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. Ames acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Ames acknowledge the responsibility to obtain the required 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. Ames acknowledged the 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. Ames acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Ames 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. Ames acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Ames indicated the intent to respect and safeguard these resident rights.

Ms. Ames acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

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

*Stephanie Gonzalez*

9/25/2024

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

09/25/2024

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Denise Y. Nunn  
Area Manager

Date