



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

June 28, 2004

Joseph Okafor
Maduson Eagle Homes Inc
20451 Wyoming
Detroit, MI 48221

RE: Application #: AS820262756
Norfolk Street Home
26911 Norfolk St.
Inkster, MI 48141

Dear Mr. Okafor:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-0380.

Sincerely,

Savannah Woods, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-3428

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820262756

Applicant Name: Maduson Eagle Homes Inc

Applicant Address: 20451 Wyoming
Detroit, MI 48221

Applicant Telephone #: (313) 277-2979

Administrator/Licensee Designee: Joseph Okafor, Designee

Name of Facility: Norfolk Street Home

Facility Address: 26911 Norfolk St.
Inkster, MI 48141

Facility Telephone #: (313) 277-2979
11/12/2003

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/12/2003	Enrollment
11/17/2003	Comment Transferred for on-site - Entire LU file sent to Bloomfield Hills
11/19/2003	Comment received original pkt from Lansing
03/26/2004	Inspection Completed On-site
03/29/2004	Contact - Document Sent Initial inspection letter sent
04/05/2004	Contact - Document Sent Application for special certification sent
06/11/2004	Contact - Telephone call made talked to Licensee/designee. appointment made for final inspection. Initial inspection done by Blm field office.
06/24/2004	Inspection Completed On-site
06/24/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Norfolk Street Home is an aluminum sided ranch style home with two wheelchair accessible ramps. The home is located in a residential area in the city of Inkster. The home's original structure is modified with additions made prior to the applicant's purchase. The original structure is located on a partial basement. The additions are located on a crawl space foundation. The home sits on a triple sized lot with parking located in front of the house with a circular drive. The Home contains 5 bedrooms to be occupied by AFC home residents, and one master bedroom with full bath to be occupied by live-in staff. The front bedroom is used for office space and shall be locked when not in use. This home was licensed before 1980 as a group home for seven or more residents. The home has two full baths and one half bath off of the kitchen area. The dining room and living room are separate and may accommodate six residents. The heat plant and laundry is located in the lower level of the home. The heat plant is separated from the living level of the home with a 1-³/₄ -inch solid core wood door with self-closing device. The furnace is boiler heat and has been inspected by the city of Inkster. The plumbing, and electrical had to be approved by the city of Inkster prior to the home receiving a certificate of occupancy.

Bedrooms were measured and found to be the following dimensions:

West Wing:

Southwest 10.6 X 9.1=95.34 square feet yields 1 resident
Northwest 10.6 X 9.1=95.34 square feet yields 1 resident
Southeast 10.6 X 9.1=95.34 square feet yields 1 resident
Northeast 10.6 X 9.1=95.34 square feet yields 1 resident

East Wing:

Northeast 13X11.5=148.5 square feet yields 2 residents

Total Bedroom capacity is Six.

Living space calculations:

Living room measures: 19.7 X 15.6= 303.5 square feet
Dining room measures: 20 X 12= 240.0
Total living space: 543.5 square feet divided by 6 occupants =
90.58 square feet of living space per occupant which is more than the 35 square feet of living space per occupant as required by the administrative rules.

Sanitation

The Norfolk street home utilizes city water and sewer.

Fire Safety

The Norfolk Street home is equipped with a hardwire-interconnected smoke detection system with battery back up located in the heat plant and between the living areas and sleeping areas of the home. Newly purchased 5-pound ABC rated fire extinguishers are located on the main floor and in the basement area of the home.

B. Program Description

The Admission Policy and Program Statement have been submitted for review and accepted as written. They indicate that the applicant intends to provide basic self-care, habilitation, transportation, personal adjustment services, social education training and in-home leisure and recreational equipment available for resident use. The resident population will consist of six males who have been diagnosed mentally ill, developmentally disabled, or traumatic brain injured.

In addition to the program elements, it is the intent of the applicant to utilize local community resources including public schools, public libraries, churches, museums, shopping and recreation centers.

Behavior 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 responsible person

C. Applicant and Administrator Qualifications

The applicant, Maduson Eagle Homes Inc., is currently operating two licensed adult foster care homes in Wayne County. A licensing clearance request was completed for the licensee designee/administrator with no lien convictions recorded.

The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that the Local Police lien system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges an understanding of the medical and training requirements for direct care staff prior to the person working in the facility or being considered as part of the staff to resident ratio. The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for the morning and afternoon shift and one staff for midnights. All staff must be awake during sleeping hours.

Medication procedures have been reviewed and resident medication will be stored in a locked cabinet located in the dining area. Daily medication logs will be kept on every resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding informing and providing each resident with a copy of their resident rights and 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.

