



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

July 28, 2004

Andre Lately  
ADL Estate  
1730 Longfellow St.  
Detroit, MI 48206

RE: Application #: AS820266993  
ADL Estate Foster  
1730 Longfellow St.  
Detroit, MI 48206

Dear Mr. Lately:

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**

<b>License #:</b>	AS820266993
<b>Applicant Name:</b>	ADL Estate
<b>Applicant Address:</b>	1730 Longfellow St. Detroit, MI 48206
<b>Applicant Telephone #:</b>	(313) 865-1428
<b>Administrator/Licensee Designee:</b>	Andre Lately, Administrator Andre Lately, Designee
<b>Name of Facility:</b>	ADL Estate Foster
<b>Facility Address:</b>	1730 Longfellow St. Detroit, MI 48206
<b>Facility Telephone #:</b>	(313) 865-1428 05/04/2004
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

05/04/2004	Enrollment
05/13/2004	Incomplete Application/Materials Letter Sent SS # conflict - requesting copy of SS card
05/24/2004	File Transferred To Field Office On-site - Detroit
07/13/2004	Contact - Telephone call made telephone call to licensing unit regarding clearance of person responsible. I will have to wait to hear from the Disciplinary unit.
07/13/2004	Contact - Telephone call made Talked to administrator regarding clearance for person responsible when administrator is not available. Administrator plans to wait to hear from Disciplinary unit.
07/15/2004	Contact - Document Received lien clearance received.
07/28/2004	Inspection Completed On-site
07/28/2004	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The ADL estate Foster care home is a brick colonial style structure with a brick front porch. The home is located in a residential area in the city of Detroit. The home has a full basement, side driveway, with a fenced rear yard. The home contains four bedrooms and a full bath located on the 2<sup>nd</sup> floor of the home. The first floor contains; a living room, formal dining room, kitchen and office area. The heat plant and laundry are located in the basement of the home. The boiler furnace has been inspected prior to licensing by the Consumers energy company. All radiators have been protected with covers that extend to the floor.

### **Bedrooms were measured and found to be the following dimensions:**

Northeast: 12.3X10.8=132.84 square feet to yield 2 resident  
Northwest: 11.4X9.6=109.44 square feet to yield 1 resident  
Southeast: 12.3X10.8=132.84 square feet to yield 2 resident  
Southwest: 10.7X9.6=102.72 square feet to yield 1 resident

**Total bedroom capacity is 6**

### **Living space calculations:**

Living room measures: 15.2X13.5=205.2 square feet

Dining room measures:  $13.6 \times 13.0 = 176.8$  square feet  
Total living space: 382.0 square feet divided by 6 occupants = 63.66 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 ADL Estate Foster home utilizes city water and sewer.

### **Fire Safety**

The ADL Estate Foster 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 extinguishers are located on each floor of the home including the basement.

### **Zoning**

Zoning regulation does not apply to adult foster care homes for six or less.

### **B. Program Description**

The Admission/Discharge policy has been submitted for review and accepted as written. The licensee indicates that they intend to provide 24-hour care and supervision for 6 mentally ill or developmentally disabled adults. The program will offer the following program elements to residents:

- Basic self-care and habilitation training
- Social education
- Personal Adjustment
- Day programs
- Counseling
- Transportation

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff per shift. All staff must be awake during sleeping hours.

### **C. Applicant and Administrative Qualifications**

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 Michigan State 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.

Medication procedures have been reviewed and resident medication will be stored in a locked cabinet located on the first floor of the home in the office 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.

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

None

#### **IV. RECOMMENDATION**

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

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Savanah Woods  
Licensing Consultant

Date

Approved By:

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Christopher J. Hibbler  
Area Manager

Date

