



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

November 5, 2004

Miracle Manor Corporation
927 E. Grand Blvd
Detroit, MI 48207

RE: Application #: AS820269490
Miracle Manor #3
929 E. Grand Blvd
Detroit, MI 48207

Dear Miracle Manor Corporation:

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,

Tony Kairis, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-0408

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820269490
Applicant Name:	Miracle Manor Corporation
Applicant Address:	927 E. Grand Blvd Detroit, MI 48207
Applicant Telephone #:	313-922-8338
Administrator/Licensee Designee:	N/A
Name of Facility:	Miracle Manor #3
Facility Address:	929 E. Grand Blvd Detroit, MI 48207
Facility Telephone #:	(313) 922-8338 08/04/2004
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/04/2004	Enrollment
08/26/2004	File Transferred To Field Office On-site - Detroit
10/29/2004	Final inspection completed on-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story duplex brick building with a full basement that is not approved for resident use. The facility is equipped with a hardwire smoke alarm system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in the basement along with storage rooms. The basement is separated from the rest of the facility by a fire door that is equipped with a self-closure.

The first floor consists of a full bathroom, living room, dining room, and kitchen.

The second floor consists of (3) three resident bedrooms, one (1) full bathroom and a staff bedroom room.

All resident bedrooms are to be semi private rooms. They were measured during the initial on-site inspection and have of the following dimensions:

SECOND FLOOR

Bedroom # 1	132 square feet	2 resident bed
Bedroom # 2	132 square feet	2 resident bed
Bedroom # 3	154 square feet	2 resident bed

Bedrooms 1, 2, and 3 do have closets and have been furnished with a chair and mirror. There is sufficient floor space to accommodate the items.

The living room, dining room and the second floor sitting room provide living space that far exceeds the required 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee intends to provide 24-hour personal care and protection for six (6) male and female adults whose diagnosis is mentally ill and/or developmentally disabled, in the least restrictive environment possible. The program will include improved communication skills, improved community skills, improved self-care skills, and increased socialization skills. Emphasis is placed on having residents participate in a program designed to meet their social developmental needs. Residents will be referred from several agencies with which the licensee has a contract, i.e.: Gateway, Adult Well-Being, and Care Link.

The license will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. In addition, the facility will utilize local community resources including, public schools, public library, and local parks.

C. Applicant and Administer Qualifications

A licensing clearance request was completed for the licensee designee and administrator with no lien convictions recorded. The licensee designee and the 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 staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff –to-six residents per shift. All staff shall be awake during sleeping hours.

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

IV. RECOMMENDATION

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

Tony Kairis
Licensing Consultant

Date

Approved By:

Christopher J. Hibbler
Area Manager

Date