



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

January 24, 2005

Dena Schulte  
Southgate Adult Care  
15632 Susan  
Southgate, MI 48195

RE: Application #: AS820270062  
Downriver Adult Care  
14592 McLain  
Allen Park, MI 48101

Dear Ms. Schulte:

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 (734) 665-4740.

Sincerely,

Julie Loncar, Licensing Consultant  
Office of Children and Adult Licensing  
2121 W. Stadium  
Ann Arbor, MI 48103  
(734) 665-2633

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820270062

**Applicant Name:** Southgate Adult Care

**Applicant Address:** 15632 Susan  
Southgate, MI 48195

**Applicant Telephone #:** (734) 281-0835

**Administrator/Licensee Designee:** Dena Schulte, Designee

**Name of Facility:** Downriver Adult Care

**Facility Address:** 14592 McLain  
Allen Park, MI 48101

**Facility Telephone #:** (313) 388-8231  
09/17/2004

**Application Date:**

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

09/17/2004	Enrollment
09/20/2004	File Transferred To Field Office On-site - Ann Arbor
11/15/2004	Contact - Telephone call made- Licensee Designee
12/05/2004	Inspection Completed On-site
12/15/2004	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility was reported to Licensing as an unlicensed facility on 8/2/2004 and substantiated as an unlicensed facility. Nine residents were being cared for including two non-ambulatory residents and at least two or three others that also required adult foster care services. Ms. Schulte agreed to apply for an Adult Foster Care license.

This facility is a four bedroom, 1700 square foot brick ranch home with a large kitchen/dining area, living room, one bath and a sitting room in the rear of the home. The facility has a large non-resident basement area with a washer, dryer and storage areas. The home has a deck attached off the sitting area and large yard for resident use.

The home recently had an electrical inspection and was approved. The inter-connected smoke detection system wired into the homes electrical system as well as the main electrical system was inspected and approved.

There are two approved exits from the facility, one at the front of the home and one out the sitting room door to the back yard deck.. There are two approved ramps in the home to accommodate wheelchair residents at each exit. The facility has ample parking for staff and visitors.

The facility has two double rooms and two single rooms.

Room #1 = 134 square feet for a capacity of 2

Room #2 = 114 square feet for a capacity of 1

Room #3 = 98 square feet for a capacity of 1

Room #4 = 146 square feet for a capacity of 2

### B. Program Description

The Licensee, Southgate Adult Care, has one other licensed facility, Gateway Residents (AS820086608) in Southgate. Southgate Adult Care provides Adult Foster Care services to male and female elderly residents who require 24 hour supervision and assistance with activities of daily living. Dena Schulte has been designated by the corporate administrators to represent the corporation on Licensing matters.

The Licensing file contains documentation that Ms. Schulte has administrative management capability through education and experience to operate a home providing care to residents who are elderly. The training and experience documentation for Ms. Schulte confirms compliance with all the competencies and requirements of **R 400.201**.

An acceptable Michigan State Police Law Enforcement Information Network record clearance was received for Ms. Schulte. Acceptable medical clearance and Tb test results were received for Ms. Schulte.

Financial documents submitted demonstrate compliance with **R 400.14201 (2)** and with **MCL400.713 (3a)**. Proof of the corporation's right to occupy the premises and use the facility for adult foster care has been provided.

The Program Statement identifies the population as elderly adults with Dementia or Alzheimer's disease. The stated goal of the home is to provide services such as assistance in activities of daily living, grooming, dressing, hygiene, bathing and recreation. The facility provides social and recreational activities that are specific to each resident's needs.

The Licensee has a process in place for determining the good moral character of all direct care staff to be hired to work in the facility. This process includes a State of Michigan criminal conviction check on all employees. The Licensee is aware of the rule requirements regarding resident funds and valuables and the necessary documentation required for each resident.

### **C. Rule/Statutory Violations**

There were no rule violations noted.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6) effective **1/21/2005 to 07/20/2005**.

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Julie Loncar Date  
Licensing Consultant

Approved By:

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Linda Lee Date  
Area Manager