



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

April 12, 2005

Milton Kennedy
K & K Assisted Living LLC
16530 Warwick
Detroit, MI 48219

RE: Application #: AS820270933
K & K Assistant Living
12052 Indiana
Detroit, MI 48204

Dear Mr. Kennedy:

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,

Carl Jones, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0426

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820270933

Applicant Name: K & K Assisted Living LLC

Applicant Address: 12060 Indiana
Detroit, MI 48204

Applicant Telephone #: (313) 231-3605

Administrator/Licensee Designee: Milton Kennedy, Designee

Name of Facility: K & K Assistant Living

Facility Address: 12052 Indiana
Detroit, MI 48204

Facility Telephone #: (313) 231-3605

Application Date: 10/11/2004

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/11/2004	Enrollment
10/12/2004	File Transferred To Field Office Detroit
03/11/2005	Inspection Completed On-site
03/17/2005	Contact - Document Received
03/17/2005	SC-Application Received - Original
03/18/2005	Contact - Telephone call made
03/18/2005	Contact - Telephone call received
04/08/2005	Inspection Completed On-site
04/08/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential area in the city of Detroit. The facility is a two-story brick building "bungalow" type home, with the second floor being an attic type space converted to bedrooms. The home has a full basement that is not approved for resident use. The facility is fully equipped with a hardwire smoke alarm system, which was installed by a licensed electrician and is fully operational. The total square footage of the facility's living space is 980 square feet, which adequately meets the needs of 35 square feet per resident requirement. There is a large backyard area for resident and accommodations for resident use or smoking when seasonally appropriate.

The basement contains (2) two large storage areas and the laundry area. The heat plant is enclosed, the basement is separated from the rest of the facility by a fire door. The first floor consists of a living room, dining room, kitchen, an enclosed front and rear porch, a full bathroom, and (2) two bedrooms.

The second floor consists of (2) two bedrooms, a full bathroom, and a sitting area that can be used for recreation and other resident activity.

Bedrooms were measured during the initial onsite inspection and were found to be of the following dimensions:

FIRST FLOOR

NE Bedroom #1	120 sq. ft.	Capacity 1
SE Bedroom #2	123 sq. ft.	Capacity 1

SECOND FLOOR

NE Bedroom #1	145 sq. ft.	Capacity 2
SW Bedroom #2	140 sq. ft.	Capacity 2

Based on the above information, it is concluded that this facility has the square footage necessary to accommodate five (5) residents.

B. Program Description

Admission policy and program statement 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. The program will include social interaction skills, personal hygiene, personal adjustment skills, A personal behavior support plan will be designed and implemented for each resident's individual needs.

In addition to the above program elements, it is the intent of the facility to utilize local resources including, public schools, the public library, local entertainment outlets and shopping malls. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and administrator Qualifications

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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 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.

