



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

July 12, 2005

Rodrecus Gaines
Colling Homes, Inc.
34310 Kentucky
Clinton Twp., MI 48035

RE: Application #: AS820274810
Colling Homes, Inc. 2
20214 Cardoni
Detroit, MI 48203

Dear Mr. Gaines:

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
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0408

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820274810

Applicant Name: Colling Homes, Inc.

Applicant Address: 34310 Kentucky
Clinton Twp., MI 48035

Applicant Telephone #: (313) 671-7473

Administrator/Licensee Designee: Rodrecus Gaines, Designee

Name of Facility: Colling Homes, Inc. 2

Facility Address: 20214 Cardoni
Detroit, MI 48203

Facility Telephone #: (313) 671-7473

Application Date: 04/11/2005

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

- 04/11/2005 Enrollment
- 05/04/2005 Technical Assistance – Attended AFCOrientation
- 07/08/2005 Inspection Completed On-site
- 07/08/2005 Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story frame building with a full basement that is not approved for resident use. The facility is equipped with a hardwire smoke alarm system, 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. This home is not barrier free and therefore cannot house anyone that is non-ambulatory.

The heat plant and hot water heater are located in the basement along with the laundry area. 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 two (2) resident bedrooms, a full bathroom, living room, dining room, and kitchen.

The second floor consists of (1) one resident bedroom, a full bath with a shower.

The resident bedrooms were measured during the initial on-site inspection and have the following dimensions:

FIRST FLOOR

Bedroom # 1	115 square feet	1 resident bed
Bedroom # 2	151 square feet	2 resident bed

SECOND FLOOR

Bedroom # 3	160 square feet	2 resident bed
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The living room, dining 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 five (5) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to five (05) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

If required, behavioral 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 the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. The licensee designee and 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 five-bed facility is adequate and includes a minimum of one staff -to-five 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 their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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