



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

October 31, 2005

Lydia Hodge
Faith Adult Foster Care Inc.
30440 Oldstream
Southfield, MI 48076

RE: Application #: AS820279059
Faith AFC Inc. III
606 Ashland
Detroit, MI 48234

Dear Ms. Hodge:

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 5 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,

Edith Richardson, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0429

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820279059

Applicant Name: Faith Adult Foster Care Inc.

Applicant Address: 30440 Oldstream
Southfield, MI 48076

Applicant Telephone #: (313) 598-9789

Administrator/Licensee Designee: Lydia Hodge, Designee

Name of Facility: Faith AFC Inc. III

Facility Address: 606 Ashland
Detroit, MI 48234

Facility Telephone #: (313) 598-9789

Application Date: 09/15/2005

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/15/2005	Enrollment
10/03/2005	File Transferred To Field Office Detroit
10/17/2005	Inspection Completed On-site
10/31/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Faith AFC Inc., Ill is a two-story structure in the city of Detroit. This home is not wheel chair accessible and therefore cannot house anyone that is non-ambulatory. This home has a living room, staff room, dining room, and a kitchen on the first floor. Upstairs there are three bedrooms and a full bath. The heat plant is located in the basement and is enclosed in a room that is constructed of material, which has a 1-hour fire resistance rating, with a 1-3/4 inch solid core wood door that is equipped with an automatic closing device.

The east and the west bedrooms are double occupancy. The center bedroom is single occupancy. They were measured during the initial onsite inspection and have the following dimensions:

The east bedroom is 144 square feet with a 2 resident capacity.

The center bedroom is 90 square feet with a 1 resident capacity.

The west bedroom is 155 square feet with a 2 resident capacity.

The facility is equipped with a smoke detection system powered from the building's electric system and when activated initiates an alarm that is audible in all sleeping rooms with the door closed. The smoke detection system has been installed, inspected, and approved by a licensed electrician.

The living room and dining room areas provide an adequate amount of living space that meets the 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 policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee intends to provide 24-hours personal care and protection for five (5) male or females whose diagnosis is developmentally disabled, in the least restrictive environment possible. The program will include improve communication skills. Improve community skills, improve self-care skills, and increased socialization skills. Emphasis is placed on having resident participate in a program designed to meet their social and behavioral developmental needs. Residents will be referred from The Department of Community Health, Department of Human Services, and the general public.

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 school, public library, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/ administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB- X-ray 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 1 staff –to- 5 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.

