



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 9, 2005

Josephine Uwazurike  
Kevdaco Assisted Living  
Suite 204  
16250 Northland Dr.  
Southfield, MI 48075

RE: Application #: AS820273307  
Kevdaco Redford  
14416 Beechdaly Rd.  
Redford, MI 48239

Dear Ms. Uwazurike:

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 #:** AS820273307

**Applicant Name:** Kevdaco Assisted Living

**Applicant Address:** Suite 204  
16250 Northland Dr.  
Southfield, MI 48075

**Applicant Telephone #:** 248-569-1040

**Administrator/Licensee Designee:** Josephine Uwazurike, Designee

**Name of Facility:** Kevdaco Redford

**Facility Address:** 14416 Beechdaly Rd.  
Redford, MI 48239

**Facility Telephone #:** (248) 569-1040

**Application Date:** 1/20/05

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/26/2005	Enrollment
02/04/2005	File Transferred To Field Office Detroit
02/16/2005	Application Incomplete Letter Sent
12/09/2005	Inspection Completed On-site
12/09/2005	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a one-story brick/aluminum siding building without a basement. There is a driveway with an attached garage. There is a large fenced-in backyard 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 Redford that is near main bus lines.

The heat plant is located in the garage. The heat plant is separated from the rest of the facility by a fire rated door that is equipped with a self-closure. The hot water heater is located in the first floor, utility room along with the laundry facilities. The first floor consists of a large living room, dining room, kitchen and kitchen nook. There are five bedrooms on the main level and two full bathrooms.

Bedrooms were measured during the initial on-site inspection and have the following dimensions:

#### FIRST FLOOR

Bedroom 1	110 square feet	1 resident beds
Bedroom 2	110 square feet	1 resident bed
Bedroom 3	135 square feet	1 resident bed
Bedroom 4	190 square feet	2 resident bed
Bedroom 5	140 square feet	1 resident bed

The living room, and dining room measure 446 square feet of 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 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 six (6) 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 lein convictions recorded for the licensee designee and 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 six-bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. The applicant indicated that 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 lein 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).

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Tony Kairis  
Licensing Consultant

Date

Approved By:

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Christopher J. Hibbler  
Area Manager

Date