



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 1, 2006

Karen Goreta
Karen's Helping Hands
4425 High St
Ecorse, MI 48229

RE: Application #: AS820281658
Salliotte Manor
75 Salliotte
Ecorse, MI 48229

Dear Ms. Goreta:

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

I. IDENTIFYING INFORMATION

License #: AS820281658

Applicant Name: Karen's Helping Hands

Applicant Address: 4425 High St
Ecorse, MI 48229

Applicant Telephone #: (313) 388-2466

Administrator/Licensee Designee: Karen Goreta, Designee

Name of Facility: Salliotte Manor

Facility Address: 75 Salliotte
Ecorse, MI 48229

Facility Telephone #: (313) 282-6158

Application Date: 01/23/2006

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

01/23/2006	Enrollment
01/27/2006	File Transferred To Field Office Ann Arbor
03/06/2006	Application Incomplete Letter Sent
03/24/2006	Inspection Completed On-site
03/24/2006	Application Complete/On-site Needed
04/10/2006	Inspection Completed-BFS Full Compliance
04/10/2006	Contact – Telephone call made
04/18/2006	Contact - Document Received Policies
04/27/2006	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story, three bedroom, one bath facility with a full basement and enclosed sun porch at the rear of the house. The bedrooms will accommodate four residents that include a double at 132 square feet, and two singles at 127.4 square feet and 120.7 square feet. The home has been completely renovated with new paint appliances and furniture. The facility has a forced air heating and cooling system and an inter-connected fire alarm system that enables each smoke detector to sound when one is activated. The home has municipal water and sewage and adequate parking for staff and visitors.

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 four male or female ambulatory adults whose diagnosis is 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 the community mental health agency Gateway.

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 Karen Goreta who is also the administrator. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Goreta's corporation, Karen's Helping Hands Inc, has two other licensed Adult Foster Care facilities, Karen's Helping Hands in Ecorse and Karen's Helping Hands Two in Riverview. Ms. Goreta 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 four bed facility is adequate and includes a minimum of one staff to four residents per shift.

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 as well as fingerprinting for new staff hired after 4/1/2006.

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.

C. Rule/Statutory Violations

There were no violations cited.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

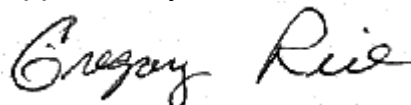


5/02/2006

Julie Loncar
Licensing Consultant

Date

Approved By:



5/2/2006

Gregory Rice
Area Manager

Date

