



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

May 4, 2006

Geneva Moore  
Faith Family & Determination  
P.O. Box 34310  
Detroit, MI 48215

RE: Application #: AS820277040  
Faith Family & Determination  
4159 Algonquin St.  
Detroit, MI 48215

Dear Ms. Moore:

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,

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 #:** AS820277040

**Applicant Name:** Faith Family & Determination

**Applicant Address:** 4159 Algonquin St.  
Detroit, MI 48215

**Applicant Telephone #:** (313) 521-4339

**Administrator/Licensee Designee:** Geneva Moore, Designee

**Name of Facility:** Faith Family & Determination

**Facility Address:** 4159 Algonquin St.  
Detroit, MI 48215

**Facility Telephone #:** (313) 521-4339  
06/23/2005

**Application Date:**

**Capacity:** 4

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

06/23/2005	Enrollment
07/07/2005	Application Incomplete Letter Sent
07/07/2005	Application Incomplete Letter Sent
04/11/2006	Inspection Completed On-site
04/11/2006	Inspection Completed-BFS Sub. Compliance
05/01/2006	Inspection Completed On-site
05/01/2006	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 single-level frame building. The home has no basement; the heat plant is located inside of the facility and is fully enclosed with the required fire door separation. The home is fully equipped with a hardwire smoke detection system, which was installed by a licensed Electrician and is fully operational. The total square footage of the facility's living space is 850 square feet, which adequately meets the needs of 35 square feet per resident requirement. There is an adequate backyard area that can be used for resident activity and smoking when seasonably appropriate.

The home has only one level, which consists of the following:

The heat-plant, which is fully enclosed, and a fire door that 1-3/4 inch solid core fire door that is equipped with an automatic self-closing device. The furnace room is located off the kitchen and laundry area. There is a full kitchen and dining area that can accommodate all (4) residents at the same time. There is a spacious living area and a full bathroom. There is an office area and two (2) bedrooms.

Bedrooms were measured during the initial on-site and were found to be of the following dimensions:

### BEDROOMS

NW Bedroom #1	160 sq. ft.	Capacity 2
NE Bedroom #2	160 sq. ft.	Capacity 2

## **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 ten (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: (community mental health agencies).

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   4  -bed facility is adequate and includes a minimum of   1   staff –to-   4   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.

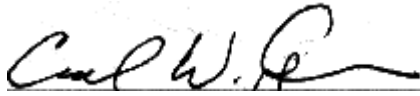
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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.

#### **D. Rule/ Statutory Violations**

This facility has been found to be in full compliance with the rules and regulations for a small group (1-6) facilities.

#### **IV. RECOMMENDATION**

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

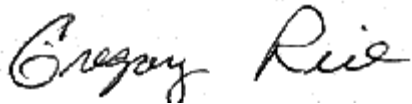


Carl Jones  
Licensing Consultant

5/4/06

Date

Approved By:



5/6/06

Gregory Rice  
Area Manager

Date