



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 31, 2006

Agape Care Inc.
4180 Harriet St.
Inkster, MI 48141

RE: Application #: AS820283425
Westpoint Home
4648 Westpoint
Dearborn Heights, MI 48127

Dear Agape Care Inc.:

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 (734) 665-4740.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeff Bozsik, Licensing Consultant
Office of Children and Adult Licensing
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-4741

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

I. IDENTIFYING INFORMATION

License #: AS820283425

Applicant Name: Agape Care Inc.

Applicant Address: 4180 Harriet St.
Inkster, MI 48141

Applicant Telephone #: (734) 437-6392

Administrator/Licensee Designee: Uchenna Ndubuisi, Licensee Designee
Princess Kennedy, Administrator

Name of Facility: Westpoint Home

Facility Address: 4648 Westpoint
Dearborn Heights, MI 48127

Facility Telephone #: (734) 578-7084

Application Date: 04/26/2006

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/26/2006	Enrollment
05/02/2006	File Transferred To Field Office Ann Arbor
05/08/2006	Application Incomplete Letter Sent
05/23/2006	Inspection Completed On-site
05/31/2006	Inspection Completed-BFS Full Compliance
05/31/2006	SC-Application Received - Original
05/31/2006	SC-ORR Response Received-Approval
05/31/2006	SC-Recommend MI and DD
05/31/2006	SC-Certification issued MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential neighborhood with both public water and public sewer. The home is not wheelchair accessible. There is 262 s.f. of living space. The bedroom sizes are as follows: 1) NW: 165 s.f.- 2 residents; 2) NE: 130 s.f.- 2 residents; 3) SW: 119 s.f.- 1 resident; and 4) SE: 105 s.f.- 1 resident. The maximum capacity is 6 residents.

The home has interconnected smoke detectors and is in compliance with fire safety rules.

Uchenna Ndubuisi owns the home.

B. Program Description

1. Administrative structure and capability

Agape Care Inc. is the applicant for the Westpoint Home. The corporation designated Uchenna Ndubuisi as the person representing the corporation in licensing matters. Mr. Ndubuisi has appointed Princess Kennedy as the administrator. Mr. Ndubuisi and Ms Kennedy will also provide resident care and employ other direct care staff.

2. Qualifications and competencies

The department has received acceptable licensing record clearances, medical certifications and TB/chest X-ray results on Mr. Ndubuisi and Princess Kennedy.

Mr. Ndubuisi and Ms. Kennedy meet the educational, experience and competency requirements of licensee and administrator.

3. Program Information

The home will provide room and board, personal care and supervision to adults.

The licensee is certified to provide specialized residential services to both the mentally ill and developmentally disabled populations. See program statement for details.

The home will admit men and women.

C. Rule/Statutory Violations

There are no rule/statutory violations.

IV. RECOMMENDATION

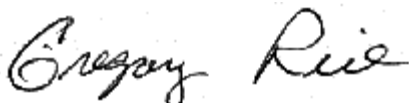
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Jeff Bozsik
Licensing Consultant

Date: 5/31/06

Approved By:



6/1/06

Gregory Rice
Area Manager

Date

