



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

February 13, 2007

Morgan Goodman  
277 Alice Avenue  
Bloomfield Hill, MI 48302

RE: Application #: AF630286964  
Goodman Morgan Joann  
277 Alice Avenue  
Bloomfield Hill, MI 48302

Dear Ms. Goodman:

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 (248) 975-5051.

Sincerely,

A handwritten signature in blue ink that reads "John P. Pochas".

John Pochas, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 358  
41000 Woodward  
Bloomfield Hills, MI 48304  
(248) 975-5085

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630286964
<b>Applicant Name:</b>	Morgan Goodman
<b>Applicant Address:</b>	277 Alice Avenue Bloomfield Hill, MI 48302
<b>Applicant Telephone #:</b>	248.332.2774
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Goodman Morgan Joann
<b>Facility Address:</b>	277 Alice Avenue Bloomfield Hill, MI 48302
<b>Facility Telephone #:</b>	(248) 332-2774 11/02/2006
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/02/2006	Enrollment
11/06/2006	Contact - Telephone call made re: children's & adult licensing conflict
11/14/2006	Application Incomplete Letter Sent
11/28/2006	Application Complete/On-site Needed
11/30/2006	Inspection Completed On-site Preliminary inspection
11/30/2006	Inspection Completed-BFS Sub. Compliance
02/05/2007	Inspection Completed-BFS Full Compliance
02/08/2007	Contact- Telephone call made to MORC's child caseworker
02/13/2007	Contact- Telephone call received from MORC child caseworker
02/13/2007	Contact- Telephone call made to DHS child caseworker

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

On 11/9/06, the department received a license application from Morgan Goodman, to operate an Adult Foster Care Family Home at the above referenced address, in Bloomfield, Michigan. The applicant is seeking to operate a program of care and services for up to four (4) physically handicapped, mentally ill, Developmentally disabled or brain injured male and females. Ms. Goodman holds a concurrent child foster care license (CF630220464, capacity 4) with the Michigan Department of Human Services (DHS, Oakland County, Baldwin office). DHS provides the support and supervision of one foster child in the home at this time.

The following is a report of findings of the pre-licensing evaluation for the Morgan Goodman Home. This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the administrative rules governing operation of Adult Foster Care Family Homes, with an approved capacity of one to six residents, licensed or proposed after March 27, 1980. This evaluation consisted of:

1. Fire safety evaluation and approval, by the assigned consultant on 11/30/06 and 2/5/07.
2. On-site inspections by the assigned consultant on 11/30/06 and 2/5/07.

3. Review of all application materials submitted.
4. Review of environmental sanitation requirements by the assigned consultant. It is noted that Morgan Goodman home is connected to a public water supply and public sewage disposal system.

Morgan Goodman is modern colonial style aluminum sided and brick home, with a 2-car attached garage, located in Bloomfield, Michigan just south of South Boulevard Road and east of Woodward Road. The total home capacity measures approximately 2300 square feet.

The interior of the home is newer construction, nicely decorated and well maintained. The home consists of a spacious great room, a family/recreation room, a dining room and kitchen areas. One resident bedroom is located on the first floor to the west of the main entrance and three bedrooms are upstairs.

The home has a gas forced air furnace located in the basement. Floor separation is provided by the installation of a 13/4" solid core wood door located at the top of the basement stairs. The heating plant was recently inspected within the last year.

**Rule 27 (1) A** licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen, and sleeping areas.

At the preliminary inspection, indoor living areas were measured and found to be of the following dimensions:

ROOM	DIMENSION	AREA OF SQUARE FT
Great Room	17'5" X 15'	263
Living Room	11' X 12'	132
Dining Room	13' X 11'	143
Kitchen	12' X 11'6"	139

Based upon the above information and the proposed accommodation of eight (8) occupants (licensee, licensee's boyfriend, his 2 adopted children, and three (3) residents and one minor foster child, the home would afford 96 square feet of indoor living area per occupant. The house is, therefore determined to be in compliance with the requirements of Rule 27 (1).

**Rule 32 (1)** As used in this rule "usable floor space" means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.

**Rule 32 (2) A** bedroom shall have not less than 65 square feet of usable floor space per bed.

Bedroom areas were measured at the time of preliminary inspection and were found to be of the following dimension, and accommodation capacity:

<b>ROOM/LOCATION</b>	<b>DIMENSION</b>	<b>SQ. FT.</b>	<b>CAPACITY</b>
Bedroom # 1 (adopted son)	10'5"X 10'10"(+3'X16")	110	
Bedroom # 2 (adopted son)	13'3"X 11'7"	156	
Bedroom # 3 (1 resident/1minor foster child)	12'6" X 11'5"	145	2
Bedroom # 4 (2 residents)	12'3" X 11'	135	2
Bedroom # 5 (Master/ Licensee)	13'3" X 16'9"	225	
		Total Capacity	4

Based upon the above information, it is concluded that this facility has the square footage necessary to accommodate 4 residents, as requested in the application.

At the time of final inspection, the facility was found to be in substantial compliance with departmental requirements relating to physical plant.

**Rule 27 (1) A** licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen, and sleeping areas.

At the final inspection it was noted that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

### **Environmental Sanitation**

Morgan Goodman utilizes a public water supply and public sewage disposal system. At the time of final inspection, kitchen and bathroom areas were noted to be clean and well maintained. The bathrooms were also noted to be equipped with non-skid surfacing and handrails. Poisonous and caustic materials will be stored in areas not used by the resident, nor used for food preparation or storage.

The kitchen waste receptacle was also noted to be equipped with a close fitting cover. All garbage and rubbish will be kept in leak-proof, nonabsorbent containers, and will be removed from the facility at least weekly and more often if necessary. Ms. Goodman has also indicated that there are presently no problems with the home's plumbing system.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to sanitation.

## **Fire Safety**

At the time of final inspection, the home was found to be equipped with all required smoke detection units and one five-pound multi-purpose fire extinguisher. All interior finish materials are at least a Class C standard.

An evacuation plan and written procedures to be followed in case of fire, medical and severe emergency was also posted as required. Required emergency phone numbers were also observed posted immediately adjacent to the telephone. Ms. Goodman indicated it is her intent to conduct a minimum of four fire drills per year, with two of the required drills being conducted during sleeping hours. A record of fire drills conducted will be kept in the home. The facility will not accommodate a resident who regularly requires the use of a wheelchair, as the home is not of barrier free design.

At the time of final inspection, the home was found to be in compliance with all departmental requirements relating to fire safety.

## **B. Program Description**

### **1. Administrative structure and staff capabilities**

At the time of final inspection, it remains Ms. Goodman's intent to assure primary responsibility for the provision of adult foster care and the maintenance of all facility records.

Ms. Morgan Goodman has been involved previously in the provision of personal foster care services, assisting adoptive children for over 7 years. In addition, Ms. Goodman has experience working with mentally and behaviorally challenged children and adolescents.

Medical Records Clearance documents submitted for Ms. Morgan Goodman and household member, Michael Paige, indicate that they are in good physical and mental health, and that the licensee has no limitations for work with or around adult foster care residents. Negative tuberculin test results have also been submitted for Ms. Goodman and Mr. Paige. Ms. Goodman has identified, Mr. Paige as a responsible person, in the event Ms. Goodman will be away from the home for longer than 48 hours. Medical and Record Clearance documents have been submitted which indicate that Mr. Paige is in good health and moral character to work with adult foster care residents.

Good Moral Character of Ms. Morgan Goodman and household member, Michael Paige have been verified by the processing of BR S 1326, Record Clearance Request form.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to administrative structure and staff capabilities.

At final inspection, the facility was determined to be in compliance with departmental requirements relating to programming.

## **2. Admission/Discharge Policy**

Ms. Goodman has indicated her intent to use the terms identified in the Resident Care Agreement (BRS 3266). The parameters of admission/discharge were discussed with the licensee. Emergency discharge was also discussed. Individuals interested in placement into Morgan Goodman Home should contact Ms. Goodman at the home phone number- 248.332.2774.

The facility will provide adult foster care for up to four ambulatory developmentally disabled/mentally ill/head injured male and female adults. The fee policy statement included in the departments Resident Care Agreement form (BRS 3266) will be used at the home and indicates that the basic rate for care will be determined at the time of admission. Additional costs for any additional services required by the individual resident will be specified.

At final inspection, the home was determined to be in compliance with departmental requirement relating to admission and discharge.

## **Record Keeping**

At the preliminary and final inspections, departmental requirements relating to resident rights, accident and incident reports, medications, resident identifying information, assessment plans, resident care agreements, and funds and valuables records, medical contact logs, resident physicals and weight records were discussed with Ms. Goodman and she has indicated that it is her intent to assure compliance with these requirements. A copy of these forms was given to Ms. Goodman.

## **Resident Rights**

At the preliminary and final inspections, departmental requirements relating to resident rights, complaint and grievance procedures, incident and accident reports and medications were explained to Mr. and Mrs. Garrett and they have indicated their intent to assure compliance with these requirements. At the time of final inspection, the home was determined to be in compliance with departmental requirements relating to resident rights and care.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-4). The total capacity of the two concurrent licenses cannot exceed 6.

*John P. Pochas*

02/13/2007

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John Pochas  
Licensing Consultant

Date

Approved By:

*B. Smalley*

02/13/2007

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Barbara Smalley  
Area Manager

Date