



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

April 4, 2007

Joyce McEaddy-Adams
724 Dorset
Ypsilanti, MI 48198

RE: Application #: AF810287198
Adams AFCH
724 Dorset
Ypsilanti, MI 48198

Dear Ms. McEaddy-Adams:

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 5 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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

cc: Adult Services, Washtenaw Co. DHS
Liz Spring, Washtenaw Co. C.S.T.S.

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF810287198
Applicant Name:	Joyce McEaddy-Adams
Applicant Address:	724 Dorset Ypsilanti, MI 48198
Applicant Telephone #:	(734) 730-6733
Administrator/Licensee Designee:	N/A
Name of Facility:	Adams AFCH
Facility Address:	724 Dorset Ypsilanti, MI 48198
Facility Telephone #:	(734) 730-6733
Application Date:	11/20/2006
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows:

11/20/2006	Enrollment
11/30/2006	Application Incomplete Letter Sent
01/03/2007	Contact - Document Received Documentation requested in application incomplete letter.
01/11/2007	Inspection Completed-BFS Sub. Compliance
03/16/2007	Contact - Document Received Verification of correction from confirming letter
04/03/2007	Contact – On-site inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a one-story ranch style home with an attached carport. It's constructed of gray painted brick and built upon a concrete slab. The front entrance opens to the facility living area. Off this room are two corridors. One corridor proceeds to a full bathroom, heat plant enclosure, and a bedroom. The other corridor proceeds to the facility kitchen and dining room located at the rear of the facility. A ½ bath and a resident bedroom are also located off this corridor. At the rear of the facility is a screened in porch. Both the front and rear yards are fenced.

The kitchen contains all modern appliances including an electronic microwave, automatic dishwasher, and garbage disposal. The resident medications are currently stored in a padlocked kitchen cabinet. The dining area consists of a section of the kitchen used as the dining area.

The facility is not wheelchair accessible, and it does not contain air-conditioning.

The resident bedrooms are located and measure as follows:

East Bedroom:	9'10" X 8'3" = 81 sq. ft.	(1)*
Northeast Corner Bedroom:	9'10" X 9'10" = 97 sq. ft.	(1)

North Bedroom: 10'4" X 9'7" = 99 sq. ft. (1)
South bedroom: 12'2" X 11' = 134 sq. ft. (2)

* () denotes the number of licensed beds

2. Sanitation:

The facility is on public water and sewer. The laundry facilities consist of a washer and dryer located in the kitchen.

Garbage is removed weekly by Ypsilanti Township.

3. Fire Safety:

The facility is protected by several battery-operated smoke detectors located throughout the facility.

Heat for the facility is provided by a natural gas-fired forced air furnace currently located in a heat plant room in a bedroom corridor. The gas-fired hot water heater is also located in this same heat plant room. No self-closing device is required for this door since the furnace is located on the same floor as residents.

The furnace was inspected by a licensed contractor on January 25, 2007, and it was determined to be in a safe operating condition. A copy of the inspection report is contained in the licensing record.

B. Program Description

1. Administrative structure and capability:

Licensing for this facility is based upon Public Act 218 and the administrative rules for family homes.

The household consists only of the licensee. There are no other persons currently residing in the facility.

A criminal background check was conducted on the licensee via the Michigan State Police database.

The licensee's currently identified responsible persons are relatives who would volunteer their time; therefore, the long term care workforce background fingerprint checks are not required at this time.

2. Qualifications and competencies

Responsible persons will be trained by the licensee regarding the care requirements of the residents of the facility.

The licensee has been employed for a licensed adult foster care medium group home for eight years as a live-in direct care worker. She was also previously employed as a home health care aide for a number of years for different agencies.

The licensee was determined by a physician to be in good physical and mental condition and health for contact with or around dependent adults. A copy of her Licensing Medical Clearance is contained in the licensing record.

3. Program information

This facility will accept both males and females who are either developmentally disabled, mentally ill, aged, or who suffer from a traumatic brain injury.

Compliance with the administrative rules regarding personal care, supervision, and protection will be evaluated after residents are admitted to the home during the temporary license.

4. Facility and Employee records

The required records for an adult foster care home were reviewed with the licensee on April 3, 2007. An initial supply of forms was provided to her at that time. It was recommended that she establish resident record files with required forms prior to the admission of residents. I also recommended that she establish a separate file or record for each responsible person.

All employee and resident records will remain in the licensed facility.

5. Resident care, services, & records:

The applicant signed a statement affirming her understanding of resident rights and her intention to respect those rights with copies of the resident rights pamphlets distributed to all residents or their designated representatives. A copy of the statement is contained in the licensing record.

The rules pertaining to resident protection, assessment, behavior management, health care, nutrition, medications, hygiene, funds and valuables were reviewed with the licensee on April 3, 2007.

6. Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection

IV. RECOMMENDATION

It is recommend that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 5 male or female adults who are either developmentally disabled, mentally ill, aged, or who suffer from a traumatic brain injury.

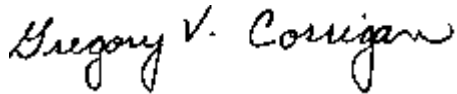


April 4, 2007

Chuck Wisman
Licensing Consultant

Date

Approved By:



April 4, 2007

Gregory V. Corrigan
Area Manager

Date