

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



April 14, 2009

Zad White Caring Hands AFC, LLC PO Box 37618 Oak Park, MI 48237

RE: Application #: AS820297796

Caring Hands AFC II

20498 Basil

Detroit, MI 48235

Dear Mr. White:

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,

LaKeitha Grant, Licensing Consultant Bureau of Children and Adult Licensing

Rakeitha Grant

Cadillac Pl. Ste 11-350 3026 W. Grand Blvd Detroit, MI 48202 (313) 456-3428

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AS820297796

Applicant Name: Caring Hands AFC, LLC

Applicant Address: 24270 Ithaca

Oak Park, MI 48237

Applicant Telephone #: (248) 670-9787

Administrator/Licensee Designee: Zad White, Designee

Name of Facility: Caring Hands AFC II

Facility Address: 20498 Basil

Detroit, MI 48235

Facility Telephone #: (248) 670-9787

08/22/2008

Application Date:

Capacity: 6

Program Type: MENTALLY ILL

DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/22/2008	Enrollment
08/28/2008	File Transferred To Field Office Detroit Office
09/04/2008	Application Incomplete Letter Sent
03/17/2009	Application Complete/On-site Needed
03/27/2009	Inspection Completed On-site
03/27/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the city of Detroit, Michigan. The facility is a ranch style building with three double occupancy resident bedrooms, a living room and dining room area combined, kitchen, one full bathroom and basement. The heat plant, hot water heater and laundry facilities are located in the basement.

The living room and bedroom measurements are as follows:

Living room	room 302 square feet	
Bedroom #1	170 square feet	(2 residents)
Bedroom #2	167 square feet	(2 residents)
Bedroom #3	150 square feet	(2 residents)

B. Program Description

- Zad White is the licensee and administrator for this facility. He will be primarily responsible for providing personal care and supervision to the residents.
- Based on the Licensing Record Clearance and Medical Information provided Zad White is of good moral character and suitable to provide adult foster care to dependant adults.

- Based on the information provided Zad White meets the educational and experience for an administrator.
- Zad White Inc is leasing the property from Fannie Mae- Federal National Mortgage Association.
- Based on financial information provided the facility is financially stable to begin operation.
- The facility will accept men and women that are, mentally ill and developmental disabled characteristics.
- The facility will provide personal care, twenty-four hour supervision, protection, transportation and room and board. The facility will provide recreational and social activities based on the interest of the residents.
- Zad White was provided technical assistance regarding the physical plant of the facility. In addition, he was made aware of the following resident records required to be completed upon admission of a resident:

Resident Funds Part I
Resident Funds Part II
Assessment Plan for AFC Residents
AFC-Resident Care Agreement
AFC- Resident Information And
Identification Record
Resident Weight Record
Health Care Appraisal
Incident/Accident Report (only if applicable)

C. Rule/Statutory Violations

The facility is in compliance with the statute and administrative rules.

IV. RECOMMENDATION

Area Manager

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6. This license will expire in six-months.

Sakeitha Krant 04/14/2009	
LaKeitha Grant Licensing Consultant	Date
Approved By:	
Danne Brogson _04/15/09_	
 Joanne S Brogdon	Date