



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 23, 2009

Sherry Sharpley
Helpquest Inc
Suite 107
29600 Northwestern Hwy.
Southfield, MI 48034

RE: Application #: AS630299518
Helpquest Fragile Care 1
24650 Republic
Oak Park, MI 48237

Dear Ms. Sharpley:

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 four (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) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 972-9131

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630299518

Applicant Name: Helpquest Inc

Applicant Address: 24123 Samoset
Southfield, MI 48033

Applicant Telephone #: (248) 352-8664

Administrator/Licensee Designee: Sherry Sharpley

Name of Facility: Helpquest Fragile Care 1

Facility Address: 24650 Republic
Oak Park, MI 48237

Facility Telephone #: (248) 346-3725

Application Date: 11/21/2008

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/21/2008	Enrollment
12/17/2008	Application Incomplete Letter Sent Regarding incomplete application and record clearances for Kelle and Sherry
01/29/2009	Contact - Document Received Completed application and record clearances for Sherry and Kelle
04/16/2009	Application Incomplete Letter Sent
07/09/2009	Inspection Completed On-site
10/06/2009	Contact - Face to Face Follow up inspection
10/26/2009	SC-Application Received - Original
12/16/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch style structure with brick exterior. It is located in a residential neighborhood in the City of Oak Park. The neighborhood consists of similar style single family dwellings. The facility has a full basement. It has a detached garage and a concrete driveway with adequate parking for staff and visitors. The facility consists of two single occupancy bedrooms, one double occupancy bedrooms, the living room, the dining room, the kitchen and a full bathroom. The laundry facilities are in the basement. Social, cultural, educational and medical facilities are accessible and located in the nearby communities of Southfield, Lathrup Village, Ferndale, Huntington Woods and Royal Oak.

The gas forced air furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

The basement contains paneling in several areas. The paneling was inspected and verified to be class C with a flame spread rating of 200 or less. The material is labeled Birch Veneered Prefinish Plywood. The paneling is securely attached to dry wall and masonry. The applicant removed all paneling that was not securely attached to dry wall, plaster or masonry. There is a bathroom in the basement with an enclosure made of tile board. This tile board is securely attached to dry wall and masonry. The applicant submitted written documentation to verify the flame spread

of this material. The board is GlasRoc brand tile backer and has a flame spread rating of 0.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' x 10'10"	97	1
2	11'4" x 12'7"	143	2
3	9'9" x 11'3"	110	1

The living room area measures a total of 176 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 four (4) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. The facility will also consider for placement individuals diagnosed with traumatic brain injury. 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 Network Services.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provisions 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

The applicant is Helpquest Inc., which is a "For Profit Corporation". The corporation was established in Michigan on 2/12/2004. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Helpquest Inc. has submitted documentation appointing Sherry Sharpley as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee. The licensee designee submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee 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 four-bed facility is adequate and includes a minimum of one staff to four 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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.

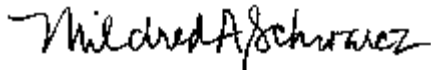
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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. The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

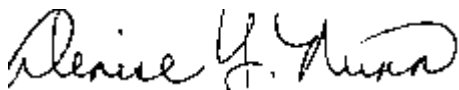


12/16/2009

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



12/23/2009

Denise Y. Nunn
Area Manager

Date