

# State of Michigan DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



April 1, 2011

Patricia Hancock 59755 Haven Ridge New Haven, MI 48048

RE: Application #: AF500305306

Amaya Homes 59755 Haven Ridge

New Haven, MI 48048

Dear Ms. Hancock:

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 (248) 975-5053.

Sincerely,

Ruth McMahon, Licensing Consultant Bureau of Children and Adult Licensing

39531 Garfield

Clinton Township, MI 48038

Ruth Mc Madon

(586) 228-4705

enclosure

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

## I. IDENTIFYING INFORMATION

12	AF500005000	
License #:	AF500305306	
Applicant Name:	Patricia Hancock	
Applicant Address:	59755 Haven Ridge	
	New Haven, MI 48048	
	New Haven, IVII 40040	
Applicant Tolophone #.	(242) 245 4554	
Applicant Telephone #:	(313) 215-1551	
	1,1/4	
Administrator/Licensee Designee:	N/A	
Name of Facility:	Amaya Homes	
-	,	
Facility Address:	59755 Haven Ridge	
1 domey Address.	New Haven, MI 48048	
	New Haven, Wil 40046	
	(040) 045 4554	
Facility Telephone #:	(313) 215-1551	
Application Date:	10/19/2009	
Capacity:	6	
Program Type:	MENTALLY ILL	
i rogiani rypo.	DEVELOPMENTALLY DISABLED	
	AGED	

### II. METHODOLOGY

10/19/2009	Enrollment
10/26/2009	Contact - Document Received
11/09/2009	Application Incomplete Letter Sent
03/23/2010	Inspection Completed On-site
12/03/2010	Contact - Document Received
01/21/2011	Inspection Completed On-site
03/28/2011	Contact - Document Received Lien Clearances received for Licensee and Responsible person
03/28/2011	Inspection Completed-BCAL Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSION

## A. Physical Description of Facility

The house is located in the Village of New Haven, Michigan. The houses are a mixture, some new and some older. The home sits back from the road. Amaya Home is a large relatively new home with an attached garage. The home has a large front lawn and a large back yard. The home has a large driveway which extends from the road all the way to the back of the house. Parking is available in the driveway or in the rear of the home.

The home is brick. The home has two stories with a finished basement. The basement has an office, two utility rooms, a full bath, a recreation room, a bedroom, dining area and kitchen. Mrs. Hancock's son, who is her responsible person, will reside in the basement.

The basement is approved for resident use. The basement has an egress window for evacuation. On December 3, 2010, I received a letter dated May 12, 2010 from Michael Kras from the Village of New Haven Building Inspector. He stated that the home was constructed to meet egress standards.

The home has a number of large windows and is an open floor plan. The first floor of the home has one bedroom which will accommodate, two residents, a large dining room, living room, full kitchen, one full bath, a family room with a fireplace, and a laundry room that is equipped with a washer and dryer.

The licensee's room will be located on the second floor. There are two resident bedrooms on the second floor; another bedroom is designated as a guest room for Mrs. Hancock's family. The three bedrooms were equipped with a bed, mattress and box springs that were well protected, a chair, a mirror and storage for the resident clothes.

The closet on the second floor is equipped with plenty of towels, washcloths and sheets.

At the on-site inspection, the living space measure 165 square feet, the dining room measure 136.7 square feet, the family room measure 278.7 square feet for a total square feet of 580.6 square feet, which is more than adequate living space for six residents, Mrs. Hancock and her son. This exceeds the minimum of 35 square feet per occupant.

The lower level is equipped with a kitchen, a bedroom, which measures  $14 \times 11.5$  equals 159.8 square feet, a full bathroom and recreational room, which measures  $33.5 \times 26.1$  equals 871.5 square feet.

The bedrooms were measured at the initial inspection.

The first floor bedroom measures 126. 5 x 8.3 equals 134.8 for a capacity 2.

The second floor bedrooms measurements as follows:

Bedroom 1 measures 10'6" x 10'2" equals 107.1 square feet (this bedroom will be used as a guest room for family.)

Bedroom 2 measures 21' x 13' equals 141.7 square feet capacity 2

Bedroom 3 measures 10'3" x 13'3" equals 135.8 square feet capacity 2.

Based upon the above information, it is concluded that this facility can accommodate six residents, the licensee and her son.

The furnace and hot water tank is located in the basement with a 1¾ solid core door equipped with a self-closing device and positive non locking against egress hardware. The facility is equipped with an interconnected smoke alarm. Smoke detectors have been installed in the living room, in the basement and on the second floor. Fire extinguishers are installed on each floor.

## **B. Program Description**

The applicant Mrs. Hancock was previously licensed as a family home, and moved to this home. She intends to provide 24-hour supervision, protection, and personal care to six ambulatory residents about male or female adult who are mentally ill, Developmentally Disabled and Aged.

This program will include social interaction skills, personal hygiene, personal adjustment skills safety skills, transportation and other activities selected by Mrs. Hancock. Mrs. Hancock will provide activities, such as cards, games, movies and community outings.

It is the intent of the applicant to utilize local community resources including the library, shopping centers, workshops, doctors, and hospital.

A Licensing Record Clearances Request has been completed with no LEIN convictions recorded for the applicant Mrs. Hancock and her responsible person Robert Crayton. The applicant and responsible persons submitted a medical clearance with statements from a physician documenting their good health and current TB tests, which had negative results.

Mrs. Hancock has provided me a copy of the house rules. They are approved as written. She has submitted a current floor plan for each level, and a copy of the training she will conduct, a competency tool for her staff.

The licensee has sufficient resources to provide for the adequate care of the residents.

Mrs. Hancock understands the requirement that in a family home, the licensee must live in the home in order to maintain the home as a family home.

Mrs. Hancock was licensed for a family home in Macomb County on July 15, 1994 and closed her license July 7, 2004. Mrs. Hancock moved from that facility to this one in Macomb County. She has the knowledge, experience and capability to run a foster care family home.

The supervision of the six residents in this licensed family home will be the responsibility of the licensee 24 hours a day 7 days a week. Mrs. Hancock has designated her son Robert Crayton who will live in the home as the responsible person. Mrs. Hancock and Mr. Crayton have a Medical and TB test as required in the licensing file. Mrs. Hancock has other family members who will assist as needed, in the care of the residents. Mrs. Hancock has provided me with a LEIN clearance, medicals and TB test.

Mrs. Hancock understands the responsibility to assess the good moral character of contractors who have regular and ongoing direct access to the residents.

Mrs. Hancock understands that all required documentation and signatures for her employees or volunteers will be completed prior to the employee working in the home. Mrs. Hancock understands the requirements for fingerprinting and that volunteers and employees working in the home are required to have verification that the employee and volunteer are in good health and have been tested for TB. Mrs.

Hancock has stated she will maintain an employee file which will include all the required paperwork.

Mrs. Hancock is familiar with medication procedures. She will make sure that all medication is locked up, a medication log is complete with the day, the time, and who dispensed the medication will be completed.

Mrs. Hancock understand the administrative rules, relating to admissions, discharge Resident Rights, the requirements for using Incident Reports, regarding residents, employees, and visitors.

Mrs. Hancock is familiar with the administrative rules regarding handling resident funds and valuables and intends to comply.

Mrs. Hancock states she will obtain the required forms and signatures that are required for the residents at the time of admission. Mrs. Hancock's will set up resident files as required. Files of residents who have left the facility will be retained for two years as required.

The Amaya Home is in compliance with all licensing rules.

## IV. Recommendation:

Dumme

I recommend issuance of a temporary license to this adult foster care home with a capacity of 6 residents.

Buth IIICHIKKON	4/01/2011
Ruth McMahon	Date
Licensing Consultant	
Approved By:	
Denice J. Munn	
scenice of the	4/01/2011
Denise Y. Nunn	Date
Area Manager	