



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

February 24, 2003

Josephine Akunne
Joak American Homes Inc
3820 Packard Road Ste.#
Ann Arbor, MI 48108

RE: Application #: AS820237919
Our Lady's Home
3054 Inkster Road
Inkster, MI 48141

Dear Mrs. Akunne:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Barbara Smalley, Area Manager, at (248) 975-5080.

Sincerely,

Ruth McMahon, Licensing Consultant
Bureau of Family Services
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(248) 975-5084

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820237919

Applicant Name: Joak American Homes Inc

Applicant Address: 3820 Packard Road
Ann Arbor, MI 48108

Applicant Telephone #: (734) 973-7764

Administrator/Licensee Designee: Josephine Akunne, Designee

Name of Facility: Our Lady's Home

Facility Address: 3054 Inkster Road
Inkster, MI 48141

Facility Telephone #: (734) 973-7897

Application Date: 05/22/2001

Capacity: 6

Program Type: Developmentally Disabled

II. METHODOLOGY

04/26/2001	Inquiry
05/22/2001	Enrollment
01/22/2003	Comment Transferred to field for final inspection
02/10/2003	Comment received application materials from Lansing
02/19/2003	Inspection Completed On-site
02/19/2003	Inspection Completed-BFS Sub. Compliance
02/19/2003	Corrective Action Plan Received
02/19/2003	Corrective Action Plan Approved
02/19/2003	Inspection Completed-Fire Safety : A
02/19/2003	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story brick structure located in the City of Inkster. It contains one resident bedroom, full bathroom, kitchen, living room and dining room on the first floor. The second floor contains three resident bedrooms, one additional bedroom for a live-in staff and a full bath. The basement has a bathroom, heating plant and water heater and laundry facilities. There is a large garage.

<u>ROOM/LOCATION</u>	<u>DIMENSIONS</u>	<u>AREA/SQ. FT.</u>
Living Room	15.6 x 12.10	198.9
Dining Room	14.9 x 12.5	$\frac{183.2}{382.1}$

Based upon the proposed accommodation of 6 residents or occupants, the home must minimally afford 35 square feet of indoor living area per occupant for a total of 210 square feet. You indicated that there would be a live in staff. Living space that was measured proved to be 382.1 square feet. This averages to 54.5 square feet per occupant.

<u>ROOM/LOC.</u>	<u>DIMENSIONS</u>	<u>AREA/SQ. FT.</u>	<u>CAPACITY</u>
B #1- (1 st fl)	14 x10.5 -3.1 x 1	145.8 <u>3.1</u> 142.7	2
B #2-(2 nd fl-front)	12.6 x 9.8 -3.8 x 5.10	120.8 <u>-21.3</u> 99.5	1
B #3-(2 nd fl-front)	10.5 x 9.5	98.9	1
B #4-(2 nd fl)	12.8 x 10.9 -3 x 1.5	136.1 <u>-4.3</u> 131.8	2
B #5-(2 nd fl)	10 x 7.3	72.5	* 0

*staff bedroom

All household furnishings were in place for the final inspection.

The facility is supplied with public water and sewer services

The home was in compliance with Fire Safety Rules at the final inspection.

B. Program Description

The JOAK American Homes, Inc. received its corporate status on 12-06-1994. The organizational chart notes the line of authority as: Board of Directors, CEO/President, Administrator, General Manager, and Direct Care Staff.

The JOAK American Homes, Inc operates a number of licensed adult foster care small group homes in two counties, Wayne County and Washtenaw County. JOAK American Homes, Inc. has experience providing services to residents served by contracts.

The board has named Ms. Josephine Akunne as the licensee designee and administrator. Mrs. Akunne had a TB test on 4-18-2001. Mrs. Akunne had a complete physical on 5-3-2002. A statement signed by her physician stating she is in good health was received on February 21,2003.

Mrs. Akunne currently operates other licensed adult foster care homes, which provide care and supervision to the mentally ill. Mrs. Akunne has completed all elements of training by Residential Care Alternatives and has current CPR and First Aid certification cards.

It is a requirement of JOAK American Homes, Inc. that all staff successfully complete all required training programs. Evidence of staff training will be maintained in the employee records for departmental review.

Copies of the Admission Policy, Discharge Policy, Program statement, Refund Policy were reviewed at the final inspection and were determined to be acceptable as written.

Medication will be kept in the original container and dispensed as prescribed by a physician.

The facility will provide adult foster care to six developmentally disabled male or females, 18 years and older, who are ambulatory.

Our Lady's Home will offer in-home training focused on self-care and daily living skills, transportation services, health care services, including administering medication, adult activities sheltered workshops or supported employment.

In addition to the programs offered in the home, it is the intent of the facility to utilize community resources including, public schools, shopping and recreational facilities, and workshops to provide an environment that will permit the residents to enhance skills and enjoy the maximum benefits of residential living.

In addition an application for special certification will be submitted as soon as facility has residents in care.

C. Rule/Statutory Violations

All items cited at the initial inspection have been corrected except for the following:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The gutter at the back of the home needs to be reattached.

Furniture is being stored in the garage.

VIOLATION ESTABLISHED

A plan of correction has been received and approved for the above violations.

IV. RECOMMENDATION

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

Ruth McMahon Date
Licensing Consultant

Approved By:

Barbara Smalley Date
Area Manager