



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 12, 2012

Tamika Jennings
59260 Amherst Ave
New Haven, MI 48048

RE: Application #: AS500315153
Faith House
26220 26 Mile Road
Chesterfield, MI 48051

Dear Ms. Jennings:

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,

Karen LaForest, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038
(586) 256-1665

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500315153
Applicant Name:	Tamika Jennings
Applicant Address:	59260 Amherst Ave New Haven, MI 48048
Applicant Telephone #:	(586) 749-9194
Administrator/Licensee Designee:	N/A
Name of Facility:	Faith House
Facility Address:	26220 26 Mile Road Chesterfield, MI 48051
Facility Telephone #:	(586) 530-6950
Application Date:	08/19/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

08/19/2011	Enrollment
08/25/2011	Application Incomplete Letter Sent application items 22, 45, 49, 51 & 53
09/09/2011	Application Complete/On-site Needed
09/16/2011	Application Incomplete Letter Sent
12/12/2011	Contact - Telephone call made Attempted to call Ms. Jennings to inquire about the progress of her license application.
12/13/2011	Contact - Telephone call made Spoke with Tamika and informed her I needed documents.
12/15/2011	Contact - Document Received Received applicants licensing documents.
12/15/2011	Application Incomplete Letter Sent
01/12/2012	Contact - Telephone call made Called Ms. Jennings and she stated that she has made the paperwork corrections and would submit the documents tomorrow.
01/18/2012	Application Incomplete Letter Sent Sent letter with revisions needed and additional documents required that were not submitted.
02/01/2012	Contact - Telephone call made Left message for Tamika Jennings regarding submission of applicant's paperwork.
03/27/2012	Contact - Document Sent Applicant sent in revisions but need more information.
03/28/2012	Application Incomplete Letter Sent
05/03/2012	Contact - Document Received
05/08/2012	Application Incomplete Letter Sent Need additional documents for licensing not sent.
07/12/2012	Inspection Completed On-site Preliminary Inspection conducted.

08/21/2012	Inspection Completed On-site Conducted the final inspection.
08/21/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Faith House is an established two story home located at 26220 26 Mile Road in Chesterfield Township. The home's entrance has a sitting area and dining area that leads into a kitchen and then steps down into a large great room. To the left of the kitchen are one resident's bedroom and a bathroom with a shower. The home has a second story that includes a small sitting area, four bedrooms and a full bathroom with a bathtub. The home has a well and septic system and this was evaluated by the Macomb County Environmental Health Department on September 28, 2011 in which substantial compliance was issued.

I conducted two inspections of the facility, a preliminary inspection on July 12, 2012 and a final inspection on August 21, 2012. At the final inspection, the facility was noted to be in full compliance with regards to licensing rules and regulations for small group homes.

Ms. Tamika Jennings is the licensee and was present for both inspections. She indicated that the bedrooms will be utilized for residents as follows:

<u>Bedroom</u>	<u>Measurements</u>	<u>Square Feet</u>	<u>Number of Residents</u>
Northeast (1 st)	8'5" x 9'8"	81.34 sq. ft.	1
Northeast Upstairs	10'4" x 20'4"	210 sq. ft	2
Northwest Upstairs	14'2" x 9'5"	133.4 sq. ft.	1
Southwest Upstairs	9'4" x 11'7"	108.04 sq. ft.	1
Southeast Upstairs	10'4" x 9'11"	102.47 sq. ft.	1

The facility can accommodate six residents in accordance with Rule 400.14409 (2) and (3).

The living room measured 15'4" x 23'7" or 361.48 square feet. The sitting room entrance by the door measured 11'6" x 16'2" or 185.96 square feet. The upstairs sitting room measured 13' 2 ½" x 7'1" or 95.53 square feet. The dining room area measured 11'6" x 15'9" or 181.13 square feet. Total square footage of indoor living space for six residents and one live-in staff is 824.10 square feet (minimum of 245 square feet for 7 occupants is required), meeting compliance with Rule 400.1405 (1).

The home environment was neat and clean and nicely furnished. The home has adequate dining for six residents, couches and chairs, flat screen television and bedrooms contained dressers, mirrors, chairs, twin beds, closets and provisions for wall hangings. The kitchen was equipped with a refrigerator, stove/oven, small appliances such as a coffee maker, dishes, silverware, drinking glasses, bake ware and cook ware, etc. There were thermometers in the refrigerator and freezer. Paper towels and hand soap were at the kitchen sink and also in the bathrooms. The kitchen had a waste receptacle with a lid. Poisons and caustics were located away from food preparation areas and were locked up. The bath tub and shower stall had non-skid surfacing to prevent slipping. There were adequate linens, blankets, bath towels, hand towels and wash cloths for residents' use. Medications are locked up and separated by internals and externals for each resident. There is an area by the bathroom that contains the washer and dryer.

A fire safety inspection was conducted at the preliminary inspection on July 21, 2012. The smoke detection system was activated and audible in all areas of the home. The system is interconnected with back up batteries. All door locks leading to the outside had single motion, non-locking against egress hardware. Bedroom windows opened easily. Interior finish is all drywall. A fire extinguisher, 2A-10 B C was mounted on the wall upstairs and downstairs. The home had the fire evacuation floor plan posted with exits designated by arrows and emergency telephone numbers were posted by the telephone. The facility also had written emergency procedures for fire, severe weather, and medical emergencies. An electrical inspection was completed by Heller's Electric, Inc. on April 18, 2012 indicating all plugs, switches, and electrical box were checked and in good order. A heating and cooling inspection was completed on February 8, 2012 by One Hour Air Conditioning and Heating Company and the furnace was cleaned and a check by a 40 step service was done without any needed repairs.

B. Program Description

Tamika Jennings submitted a licensing application and accompanying materials on September 9, 2011 for original license issuance. The application states that the licensee will accept both males and females, ages 18 and older, who are developmentally disabled and/or aged and who are ambulatory. The proposed

capacity is six residents. This is a change of licensee from D & J Home Care 2 LLC, the facility known as D & J Home Care, license # AS500310992.

Ms. Jennings is the licensee d.b.a. T and C Home Care and is leasing the property from DSL Real Estate Group 8, LLC. The legal owner, David Lau, gave permission to enter the facility for licensing on September 28, 2011. The lease agreement was also submitted on January 17, 2012 between DSL Real Estate Group 8, LLC and T and C Home Care, sole proprietorship being Tamika Jennings for the property located at 26220 26 Mile Road in Chesterfield Township, Michigan 48051. Ms. Jennings also submitted her organizational chart and her credit report through Equifax. Other related documents submitted are T and C Home Care Personnel Policies and Job Descriptions and financial documents. Ms. Jennings is the licensee authorized to conduct business and make licensing decisions. Ms. Jennings submitted evidence that she has one year experience working with the population she plans on servicing and submitted her high school diploma. Ms. Jennings also submitted medical documentation via a medical clearance dated April 25, 2012 that she is in good physical and mental health. She also had a TB test with negative results dated April 25, 2012. A criminal history check was completed on August 22, 2011 that confirmed Ms. Jennings is of good moral character. Ms. Jennings submitted documents of training completion in compliance with Rule 400.14201 (3) qualifying her as the licensee.

During the final inspection, Ms. Jennings was present and made available the following facility records: Program Statement for the facility; Admission and Discharge policies; Standard and Routine Procedures; Staffing Pattern; Emergency Preparedness Plans; Job Descriptions; Personnel Policies and Procedures; Floor Plan with Measurements; Staff Training Plan and Curriculum; Proposed Menus; Lease Agreement; Organizational Chart; Designated Person to make licensing decisions in Ms. Jennings absence; House Rules; Refund and Fee Policies; Financial Documents; Furnace and Electrical Inspections; and Proposed Menus for Residents.

I reviewed the employee records, four employees, Ms. Carol Herrington who is the live- in employee and employee Tracey Smith and employee Vicki Imslis who substitute in Ms. Herrington's absence. Ms. Jennings will also fill in when needed as direct care. All employee records contained an application, work experience and education, completed training in accordance with Rule 400.14204 (3) (a)-(g) and 400.312 (4) (a), copy of driver's license to verify age, reference checks, signed copies of job description and personnel policies, and medical information including their medical clearance and TB test with results. Ms. Jennings stated it was her intention to obtain fingerprinting on all three employees once she is licensed.

I reviewed with Ms. Jennings all the necessary documents that must be maintained for resident records including the following: Annual Resident Care Agreement; Annual Resident Assessment Plan; Annual Resident Health Care Appraisal; Resident Weight Record; Resident Medication Records; Resident Health Care

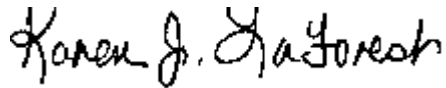
Chronological/Resident Physician Contacts; Resident Incident and Accident Reports; Resident Funds and Valuable Forms Part I and Part II; Resident Register; Resident Fire Drills; Resident Identification and Information Forms; and Resident Grievance Procedures. Prior to the expiration of the temporary license, I will review the resident records to ensure compliance with Rule 400.14316 pertaining to resident records.

C. Rule/Statutory Violations

There were no rule or statutory violations noted at the August 21, 2012 final inspection.

D. RECOMMENDATION

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



09/12/2012

Karen LaForest
Licensing Consultant

Date

Approved By:



09/12/2012

Denise Y. Nunn
Area Manager

Date