



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 20, 2012

Annett Uduji
Hirah Health System Inc.
4149 Eastlawn Ave.
Wayne, MI 48184

RE: Application #: AS820318225
Eastlawn Group Home
4149 Eastlawn Ave.
Wayne, MI 48184

Dear Ms Uduji:

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 (313) 456-0380.

Sincerely,

Edith Richardson, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820318225

Applicant Name: Hirah Health System Inc.

Applicant Address: 4149 Eastlawn Ave.
Wayne, MI 48184

Applicant Telephone #:

Administrator/Licensee Designee: Annett Uduji, Designee

Name of Facility: Eastlawn Group Home

Facility Address: 4149 Eastlawn Ave.
Wayne, MI 48184

Facility Telephone #: (734) 657-5241
04/02/2012

Application Date:

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/02/2012	Enrollment
04/18/2012	Contact - Document Sent Rules & Act booklets
04/24/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Plant

The Eastlawn Adult foster Care Home is located in a residential area in Wayne Michigan. The home is a single story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, kitchen, dining room, family room, a full bathroom and three bedrooms.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room, family room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room 14 ft. X 11 ft. = 154 sq. ft.

Dining room 9 ft. X 6 ft. = 54 sq. ft.

Family room 13ft. X 11ft = 143 sq. ft.

Resident bedrooms

Bedroom # 1 11 ft. X 9 ft. = 99 sq. ft. (1 residents)

Bedroom # 2 12 ft. X 11 ft. = 132 sq.ft. (2 residents)

Bedroom # 3 12 ft. X 11 ft. = 132 sq. ft. (2 residents)

The applicant has requested a license for 6 residents, and based on the above information can accommodate 5 residents.

B. Program Description

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male or female ambulatory adults whose diagnosis is developmentally disabled, brain injured or mentally impaired, in the least restrictive environment possible. 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: (Gateway, Consumer Link, and Synergy Partners). 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, or the responsible person. The licensee will provide all transportation for program and medical needs. The facility will make provision 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.

2. Applicant and Household

Corporation or Limited Liability Company

The Hirah Health Systems Corporation is the applicant. The Hirah Health Systems Corporation is registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Annett Nwamaka Uduji as the licensee designee and Emmanuel Uduji as the administrator. The applicant does not live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

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

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The staffing pattern for the original license of this 5 - bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. 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 agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements

First Aid

Cardiopulmonary resuscitation

Personal care, supervision, and protection

Resident rights

Safety and fire prevention

Prevention and containment of communicable disease

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.

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.

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

09/13/2012
Date

Approved By:



09/20/2012

Ardra Hunter
Area Manager

Date