



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 2, 2013

Happiness Nwaopara
Divined LLC
6400 Royal Pointe Drive
West Bloomfield, MI 48322

RE: Application #: AS820337215
Divined Company: Park Place Home
35842 Park Place
Romulus, MI 48174

Dear Ms Nwaopara:

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,

Carl Jones, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1988

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

I. IDENTIFYING INFORMATION

License #: AS820337215

Applicant Name: Divined LLC

Applicant Address: 6400 Royal Pointe Drive
West Bloomfield, MI 48322

Applicant Telephone #: (248) 346-4397

Administrator/Licensee Designee: Happiness Nwaopara, Designee

Name of Facility: Divined Company: Park Place Home

Facility Address: 35842 Park Place
Romulus, MI 48174

Facility Telephone #: (248) 346-4397
10/23/2012

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

10/23/2012	Enrollment
10/25/2012	File Transferred To Field Office Detroit
11/13/2012	Application Incomplete Letter Sent
01/16/2013	Application Incomplete Letter Sent Second application incomplete letter sent, first letter sent 11/13/12. Applicant states never received the initial letter.
05/15/2013	Contact - Document Received Received required documents from Licensee Designee.
07/01/2013	Inspection Completed On-site
07/01/2013	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Admission policy, Discharge and program statement were reviewed and accepted as written. The facility is located in a residential area of the city of Romulus Michigan. The facility is a two story frame structure. The home has a full basement that is not approved for resident use. The facility is fully equipped with a hard wired smoke alarm system, which was installed by a licensed electrician and is fully operational. The total square footage of the facility is 1010 square feet, which more than adequately meets the needs of 35 square feet resident requirement. There is a deck and spacious backyard area for resident recreation.

The basement contains a large storage area and the laundry area. The heat plant is located in the basement and is separated by an approved fire door separating the basement from the rest of the facility.

The first level contains the living room, a kitchen, dining room, a sitting area and a large bedroom. There is a full bathroom connected to the large bedroom and a half bathroom.

The second level consists of three bedrooms only two will be used for resident occupancy. There is a sitting area and a full bathroom. Bedrooms were measured during the initial on-site inspection and were found to be of the following dimensions.

FIRST FLOOR

SW Bedroom 13 sq. ft. X 14 sq. ft. = 182 sq. ft. (2 residents).

SECOND FLOOR

NW Bedroom 12 sq. ft. X 12 sq. ft. = 144 sq. ft. (2 residents).

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

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to ten (6) male or female ambulatory adults whose diagnosis is developmentally disabled 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.

a. Corporation or Limited Liability Company

The Divine Company LLC is the applicant. The Divine Company LLC is a limited liability company 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 _Happiness Nwaopara_ as the licensee designee and as the administrator.

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 the 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, 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 _6__-bed facility is adequate and includes a minimum of _1_ staff to _6_ 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 pf 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.

5. Records & Record Keeping

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 their responsibility to obtain all of the required forms and 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. Recommendation

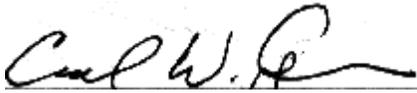
Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for residents (program type). The term of the license will be for a six-month period effective 08/02/2013.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION:

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for 6 resident mentally ill and developmentally disabled. The term of the license will be for a six month period.



Carl Jones
Licensing Consultant

7/25/13

Date

Approved By:



8/2/2013

Ardra Hunter
Area Manager

Date