



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

October 28, 2013

Stella Obi  
Kings Care, Inc.  
23157 Eric Dr.  
Trenton, MI 48183

RE: Application #: AS820337264  
Palmer Homes  
33737 Palmer St  
Westland, MI 48186

Dear Mrs. Obi:

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 5** 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,

Kara Robinson, LMSW, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820337264
<b>Applicant Name:</b>	Kings Care Inc
<b>Applicant Address:</b>	23157 Eric Drive Trenton, MI 48183
<b>Applicant Telephone #:</b>	(734) 673-8801
<b>Administrator/Licensee Designee:</b>	Stella Obi, Designee
<b>Name of Facility:</b>	Palmer Homes
<b>Facility Address:</b>	33737 Palmer St Westland, MI 48186
<b>Facility Telephone #:</b>	(734) 331-6472
<b>Application Date:</b>	10/25/2012
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## **II. METHODOLOGY**

10/25/2012	Enrollment
10/25/2012	Contact - Document Sent Rules & Acts booklets
10/25/2012	Application Incomplete Letter Sent Applicant is going to sign and date page 3 of app and fax back
10/26/2012	Contact - Document Received Mrs. Obi faxed over the signed app to Central Office
01/29/2013	Application Incomplete Letter Sent
06/11/2013	Inspection Completed On-site
07/18/2013	Inspection Completed On-site
08/22/2013	Inspection Completed On-site
09/13/2013	Application Incomplete Letter Sent Sent updated incomplete app letter
10/04/2013	Application Complete/On-site Needed Rec'd final supporting doc (TB results)

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The Palmer Homes is a newly designed single story structure with 3 bedrooms, 2 full baths, separate living and dining areas, kitchen, unfinished basement, and attached garage. The home is located in a suburban neighborhood approximately 20 miles west of city limits.

The home is wheelchair accessible.

The furnace and hot water heater are located in the basement behind a 60-minute fire resistance rating steel door with an automatic self-closing device and positive latching hardware. The fire door is located at the bottom of the basement stairs. The facility is equipped with an interconnected smoke detection system, with battery back-ups that was installed by a licensed contractor and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 MASTER	11.83 X 10.5 + 6 X 7.17	167	2
2	12.33 X 9.92	122	1
3	3.42 X 2.42 + 10 X 16.17	170	2

The living, dining, and sitting room areas measure a total of 321 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

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

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.

## **C. Applicant and Administrator Qualifications**

The applicant is Kings Care, Inc., which is a Domestic Non Profit Corporation, was established in Michigan, on 10/19/2006. The applicant submitted a financial statement

and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Kings Care, Inc. has submitted documentation appointing Stella Obi as Licensee Designee for this facility and Stella Obi as the Administrator of the facility.

A licensing record clearance request was completed with no lein 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 licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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. All staff shall be awake during sleeping hours.

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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), **Morpho Trust**™ (formerly L-1 ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be 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 acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5; wheelchair accessible).



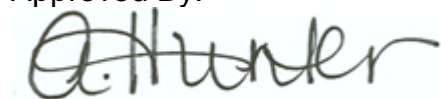
10/10/13

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Kara Robinson  
Licensing Consultant

Date

Approved By:



10/28/13

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Ardra Hunter  
Area Manager

Date