



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

November 6, 2013

Renee Alford  
Real Place Inc.  
25630 W. Chicago  
Redford, MI 48239

RE: Application #: AS820339020  
Real Place  
30141 Rosslyn  
Garden City, MI 48135

Dear Ms. Alford:

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.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Karen Davis, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 296-5412

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820339020
<b>Applicant Name:</b>	Real Place Inc.
<b>Applicant Address:</b>	25630 W. Chicago Redford, MI 48239
<b>Applicant Telephone #:</b>	(313) 937-1664
<b>Administrator/Licensee Designee:</b>	Renee Alford
<b>Name of Facility:</b>	Real Place
<b>Facility Address:</b>	30141 Rosslyn Garden City, MI 48135
<b>Facility Telephone #:</b>	(313) 937-1664
<b>Application Date:</b>	03/18/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

03/18/2013	Enrollment
03/18/2013	Application Incomplete Letter Sent 1326 and FP's for Renee Alford
06/06/2013	Application Incomplete Letter Sent
09/13/2013	Inspection Completed- Onsite
09/13/2013	Inspection Completed-BCAL Full Compliance
10/15/2013	PSOR on Address Completed
10/16/2013	Recommend License Issuance

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

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

The facility is a one story ranch style home located in a residential area of Garden City, Michigan. The address is 30141 Rosslyn, Garden City MI 48135. The ranch style home has a two car attached garage. The facility has a full basement with four bedrooms on the entry level. There are two full bathrooms in the home.

The front door opens to a small foyer that leads to a large living room with fireplace the kitchen is off to the right of the front door entrance along with a formal dining area. The dining area has one sliding door that leads to a large wooden deck. The deck has stairs that leads to a large fenced in backyard. The facility is not wheelchair accessible.

The three bedrooms are located to the left of the living room and one large bedroom to the right of the living room area.

The facility has both public water and sewage. The home is equipped with a gas furnace and hot water heater; both are located in the basement. The 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware is located at the foot of the stairs leading to the basement.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up in the basement and near all flame or heat-producing equipment, which was installed by a licensed electrician and is fully operational.

The applicant Renee Alford has agreed not to use the fireplace in the facility at any time.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	13 x 14	182	2
Bedroom #2	12 x 12	144	2
Bedroom #3	12 x 11	132	1
Bedroom #4	12 x 11	132	1

The indoor living and dining areas measure a total of 85 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant Renee Alford intends to provide 24-hour supervision, protection and personal care to 6 male or female ambulatory adults who are developmentally disabled between the ages of 18 years to 65 years old.

The program will include social interaction skills, training to develop personal hygiene skills, personal adjustment skills, and opportunity for involvement in educational or day programs or employment and transportation. The applicant Renee Alford intends to accept referrals from CMH, or residents with private sources for payment. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of applicant Renee Alford to utilize local community resources for recreational activities including public library, local museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life of the residents.

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

The applicant is Real Place, Inc., a “Non Profit Corporation”, established in Michigan on 02/24/1999. 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.

Criminal history background checks of the applicant and administrator Renee Alford were completed and they were determined to be of good moral character to provide licensed adult foster care. Renee Alford applicant and administrator submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Renee Alford the applicant and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Renee Alford has over 35 years experience working in the mental health field and specifically with developmentally disabled adults. Ms. Renee Alford is the licensee designee for five adult foster care homes in Western Wayne County.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant Renee Alford acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant Renee Alford has indicated that direct care staff will be awake during sleeping hours.

The applicant Renee Alford acknowledged an understanding of the qualifications, suitability, and training 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 Renee Alford acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant Renee Alford acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant Renee Alford acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee Renee Alford will administer medication to residents. In addition, the applicant Renee Alford 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 Renee Alford acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant Renee Alford acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant Renee Alford acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant Renee Alford acknowledge the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant Renee Alford acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant Renee Alford acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant Renee Alford acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant Renee Alford acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant Renee Alford indicated the intent to respect and safeguard these resident rights.

The applicant Renee Alford acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant Renee Alford acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant Renee Alford acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six month temporary license to this adult foster care group home with a capacity of 6 residents.



10/15/13

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Karen Davis  
Licensing Consultant

Date

Approved By:



11/06/13

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Ardra Hunter  
Area Manager

Date