



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 12, 2013

Elizabeth Phillips
18991 Fenmore
Detroit, MI 48235

RE: Application #: AF820336680
Phillips CTH
18991 Fenmore
Detroit, MI 48235

Dear Mrs. Phillips:

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 4 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,

Roeiah Epps, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-2635

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820336680
Applicant Name:	Elizabeth Phillips
Applicant Address:	18991 Fenmore Detroit, MI 48235
Applicant Telephone #:	(313) 538-4561
Administrator/Licensee Designee:	N/A
Name of Facility:	Phillips CTH
Facility Address:	18991 Fenmore Detroit, MI 48235
Facility Telephone #:	(313) 538-4561
Application Date:	09/18/2012
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/18/2012	Enrollment
09/18/2012	Contact - Document Sent Rules & Acts booklet
09/18/2012	Application Incomplete Letter Sent 1326 and FP for Elizabeth
10/09/2012	Contact - Document Received 1326 & FP's for Elizabeth
10/12/2012	File Transferred To Field Office Detroit
10/26/2012	Application Incomplete Letter Sent
11/13/2012	Contact - Telephone call received TA to licensee about checklist
01/22/2013	Inspection Completed On-site
01/22/2013	Inspection Completed-BCAL Sub. Compliance
01/31/2013	Application Complete/On-site Needed
01/31/2013	Inspection Completed On-site
01/31/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located on the west side of Detroit in a residential community on Fenmore Ave. east of the Southfield freeway. The house is a two-story brick home on a residential lot. The living and dining space in the home contains 616 sq. ft. of activity space. This is adequate for the proposed number of occupants. Resident bedrooms are just south of the kitchen. The home is wheelchair accessible and has an inner-connected hardwired smoke detection system with battery backup. The bedroom space available is as follows:

Location	Dimensions	Square Footage	Capacity
Northeast bedroom	13'11" x 10'10"	132 sq. ft	2
Southeast bedroom	23' x 14'10"	324 sq. ft	2

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four residents who are developmentally disabled. The program will include social interaction, personal hygiene care and transportation. The applicant intends to utilize local community resources and shopping centers for recreational activities as well as day treatment programs. These resources provide an environment to enhance resident quality of life and a sense of belonging.

C. Applicant and Responsible Person Qualifications

A licensing record clearance was completed and the applicant and responsible person are of good moral character. The applicant submitted physician statements for herself and responsible person documenting their good health and current TB test with negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with financial savings statements.

The applicant acknowledges and understands she must reside in the home in order to maintain an adult foster care family home license.

The supervision of residents will be the responsibility of the family home 24 hours a day, seven days a week. A responsible person will provide care to residents in the home when the applicant is not at home.

The applicant acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The applicant was also instructed about background check requirements.

The applicant acknowledges and understands the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet. A daily medication log will be maintained.

The applicant understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them.

The applicant acknowledges awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The applicant also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The applicant understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The applicant has indicated that it is her intention to maintain compliance with this requirement.

The applicant acknowledges it is her responsibility to maintain required resident records.

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 adult foster care license for this family home with a capacity of four residents.



1/31/13

Roeiah Epps
Licensing Consultant

Date

Approved By:



2/12/13

Ardra Hunter
Area Manager

Date