



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 13, 2014

Adrienne Raleigh
Alternative Adult Residence Inc.
29350 Marimoor Dr
Southfield, MI 48076

RE: Application #: AS820341954
Alternative Adult Residence Inc
18403 Kentucky
Detroit, MI 48221

Dear Ms. Raleigh:

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,

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

License #: AS820341954

Applicant Name: Alternative Adult Residence Inc.

Applicant Address: 29350 Marimoor Dr
Southfield, MI 48076

Applicant Telephone #: (313) 334-1953

Licensee Designee: Adrienne Raleigh

Name of Facility: Alternative Adult Residence Inc

Facility Address: 18403 Kentucky
Detroit, MI 48221

Facility Telephone #: (313) 334-1953

Application Date: 06/07/2013

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

06/07/2013	Enrollment
06/07/2013	Application Incomplete Letter Sent Need a 1326-A and prints on Adrienne Raleigh
08/20/2013	Application Incomplete Letter Sent
10/25/2013	Contact - Telephone call received Call from the applicant regarding her original inspection. Ms. Raleigh has not sent in the requested documents in regards to her application packet. Incomplete application was sent out on 08/20/13.
10/28/2013	Contact - Telephone call made Call to the applicant Ms. Raleigh about her packet left message on her voicemail.
12/11/2013	Inspection Completed On-site
12/11/2013	Inspection Completed-BCAL Sub. Compliance
01/31/2014	Inspection Completed On-site
01/31/2014	Inspection Completed –BCAL Full Compliance
02/24/2014	Exit Conference - Telephone call made to Ms. Raleigh informing her about the change of her capacity from six to four residents due to the measurements of the facility bedrooms.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a brick two story home, which sits on the corner in the residential area of Detroit MI. The facility address is 18403 Kentucky Detroit, MI 48221. There is street parking only. The garage is located in the rear of the house and there is no driveway on the side of the home.

The facility has dining space in the formal dining room. The staff office is to the rear of the dining room area. The staff office has a half bathroom that is designated for staff use only. The kitchen area is also off the dining room. The living room area is large and spacious and there is a staircase that leads to the resident bedrooms. The facility has one bathroom on the second level where the resident bedrooms are located. The bathroom has bath and shower, sink, and toilet all in working order. The water

temperature was tested and measured at 108 degrees Fahrenheit. The facility has public water and sewage. The facility is not wheelchair accessible.

The facility has gas heat and there are covered radiators throughout the house. The furnace and hot water heater are located in the basement. The fire door is located at the top of the stairs. The fire door is a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up and is fully operational. The single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement near all flame- or heat-producing equipment.

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	11.1 x 11.5	116.15	1
Bedroom#2	11.9 x 14.5	172.55	2
Bedroom#3	10.10 x 11.5	127.65	1

The indoor living and dining areas measure a total of 380 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 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The Adrienne Raleigh intends to provide 24-hour supervision, protection and personal care to 4 male and/or female residents who are aged, mentally ill, and developmentally disabled." The program will provide a personalized experience focusing on each individual's health requirements as well as community skills and desires of the heart, and basic self-care". Activities will encompass involvement in educational or day programs, employment, utilization of community and recreational facilities, field trips, and transportation will be provided for these daily activities. Transportation to medical, dental, and mental health treatment will be supplied by the facility. The applicant intends to accept referrals from Wayne County DHS, Wayne CMH, or residents with private sources for payment.

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

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.

C. Applicant and Administrator Qualifications

Alternative Adult Residence, Inc. is a “Non Profit Corporation”, established in Michigan on 12/08/10. Alternative Adult Residence Inc. 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 Adrienne Raleigh were completed on 07/02/13 and they were determined to be of good moral character to provide licensed adult foster care. The applicant Adrienne Raleigh submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The applicant Adrienne Raleigh provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Adrienne Raleigh is owner and operator of Alternative Adult Residence LLC, AFC home for seven years. Ms. Raleigh also worked for seven years as direct care worker and certified nursing assistant for Jewel of life AFC and Sunset Assisted Living. During her employment she worked with the aged, mentally ill, and developmentally disabled population.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. Adrienne Raleigh acknowledged that the staff to resident ratio may need to be increased 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 Adrienne Raleigh has indicated that direct care staff will not be awake during sleeping hours.

The applicant Adrienne Raleigh 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 Adrienne Raleigh acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant Adrienne Raleigh

acknowledged 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) and the related documents required to demonstrate compliance.

The applicant Adrienne Raleigh 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 applicant Adrienne Raleigh, will administer medication to residents. In addition, applicant Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant Adrienne Raleigh 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 Adrienne Raleigh 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 Adrienne Raleigh indicated the intent to respect and safeguard these resident rights.

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

C. 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 four residents.



03/05/14

Karen Davis
Licensing Consultant

Date

Approved By:



03/13/14

Ardra Hunter
Area Manager

Date