



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 23, 2014

Chioma Izuegbunam
Ulticare, Inc.
38972 Nottingham Dr
Romulus, MI 48174

RE: Application #: AS820344261
Nottingham Residence
38972 Nottingham Dr
Romulus, MI 48174

Dear Ms. Izuegbunam:

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,

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 #:	AS820344261
Applicant Name:	Ulticare, Inc.
Applicant Address:	38972 Nottingham Dr Romulus, MI 48174
Applicant Telephone #:	(313) 516-2556
Administrator/Licensee Designee:	Chioma Izuegbunam
Name of Facility:	Nottingham Residence
Facility Address:	38972 Nottingham Dr Romulus, MI 48174
Facility Telephone #:	(313) 516-2556
Application Date:	07/15/2013
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/15/2013	Enrollment
08/20/2013	Application Incomplete Letter Sent
10/02/2013	Contact - Document Received Requested information and verification.
12/12/2013	Inspection Completed On-site
02/13/2014	Follow – up Inspection Completed - BCAL Full Compliance
03/27/2014	PSOR – on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Nottingham Residence home is located in a residential area in Romulus. The address for the home is 38972 Nottingham Dr., Romulus MI 48174. The home is a two story structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, 1 full bathroom and the laundry. The second floor consists of four bedrooms and 2 full bathrooms.

The gas furnace and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door. The door is equipped with an automatic self-closing device and positive latching hardware.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules. The home cannot accommodate wheelchairs. The home has public water and sewer and is in compliance with environmental health rules.
The living

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	17 x 16	277	2
Bedroom 2	9.7 x 10.3	100	1
Bedroom 3	13.6 x 12	163	2
Bedroom 4	11 x 10.7	117	1

The indoor living and dining areas measure a total of 455 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 Chioma Izuegbunam intends to provide 24-hour supervision, protection and personal care to 6 male or female residents, ages 18- 80 who are mentally ill or developmentally disabled. The program will include comprehensive basic self-care training, adaptive and social skills training, hazard training, social education, day programs, individual and group therapeutic meetings, and community based activities. The program will facilitate resident's transition from the facility setting into the community by assisting the residents who meet the criteria; to participate in pre-vocational or vocational programs. Transportation will be supplied by the facility for the residents.

The applicant intends to accept referrals from the various County DHS, CMH, Veterans Administration or residents with private sources for payment.

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 the Ulticare, Inc. and Chioma Izuegbunam, licensee designee to utilize local community resources for recreational activities including (public library, local museums, shopping centers, churches, field trips, movies, sports events etc.). These resources provide an environment to enhance the quality of life and increase the independence of 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.

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

C. Applicant and Administrator Qualifications

The applicant Ulticare, Inc., is a “Domestic Nonprofit Corporation”, established in Michigan on 04/15/13. The applicant Ulticare, 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/administrator Chioma Izuegbunam were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant/administrator Chioma Izuegbunam, submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant/administrator Chioma Izuegbunam has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant Chioma Izuegbunam is a registered nurse licensed by the State of Michigan since 2006. Since 2006, Mrs. Izuegbunam has been the owner operator of two State of Michigan licensed AFC homes. The populations serviced by Mrs. Izuegbunam have been the mentally ill and or developmentally disabled population.

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 Chioma Izuegbunam 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 Chioma Izuegbunam has indicated that direct care staff will not be awake during sleeping hours.

The applicant Chioma Izuegbunam 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 Chioma Izuegbunam acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant Chioma Izuegbunam acknowledges 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 Chioma Izuegbunam 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 Chioma Izuegbunam, will administer medication to residents. In addition, licensee designee/administrator Chioma Izuegbunam 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 Chioma Izuegbunam 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, applicant Chioma Izuegbunam 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 Chioma Izuegbunam 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 Chioma Izuegbunam 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 Chioma Izuegbunam 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 Chioma Izuegbunam acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant Chioma Izuegbunam 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 Chioma Izuegbunam 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 Chioma Izuegbunam indicated the intent to respect and safeguard these resident rights.

The applicant Chioma Izuegbunam 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 Chioma Izuegbunam 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 Chioma Izuegbunam 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 family home with a capacity of 6.



04/11/14

Karen Davis
Licensing Consultant

Date

Approved By:



04/11/14

Ardra Hunter
Area Manager

Date