



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 10, 2013

Bede Obasi Jr.
Hanover Home Care Inc.
305 S. Hanover Street
Hastings, Michigan 49058

RE: Application #: AM080316994
Hanover Home
305 S. Hanover Street
Hastings, MI 49058

Dear Mr. Obasi Jr.:

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 12 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 (517) 373-2506.

Sincerely,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM080316994
Applicant Name:	Hanover Home Care Inc.
Applicant Address:	3055 Hanover Street Hastings, MI 49058
Applicant Telephone #:	(269) 948-9057
Licensee Designee:	Bede Obasi Jr.
Name of Facility:	Hanover Home
Facility Address:	305 S. Hanover Street Hastings, MI 49058
Facility Telephone #:	(269) 948-9057
Application Date:	01/24/2012
Capacity:	11
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/24/2012	Enrollment
01/26/2012	Contact - Document Sent Rules & Act booklets
01/26/2012	Inspection Report Requested - Health Inv. #1019791
01/26/2012	Inspection Report Requested - Fire Fire inspection
01/26/2012	Contact - Document Sent SOS ltr for Bede Obasi
02/17/2012	Inspection Completed-Env. Health : A
03/21/2012	Application Incomplete Letter Sent
03/19/2013	Inspection Completed On-site
08/15/2013	Inspection Completed-Fire Safety : A
09/25/2013	Inspection Completed Onsite-Full Compliance.

A. Physical Description of Facility

Hanover Home is a two-story facility with a full-sized partially finished basement as well as a detached two-car garage. The facility sits on a corner lot in a residential neighborhood in downtown Hastings, Michigan, which is located in Barry County. The facility has a small front yard which is accessible to residents as well as larger backyard that is accessible as well. Parking is available for staff members and visitors both in the small driveway and on the street beside the facility.

The first floor of the facility consists of six bedrooms, living area, dining area, two full bathrooms, and a screened in front porch. The second floor of the facility has two large bedrooms and one full bathroom. The basement, which is partially finished, will not be used or accessed by residents.

The main entrance to the facility can be accessed either by going up the stairs or by utilizing a wheelchair ramp that is of the required slope and width. The secondary exit located off of the bedroom wing of the facility also has both stairs and a wheelchair ramp that is of the required slope and width.

The furnace and hot water heaters are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility received an A rating from the State of Michigan Fire Marshal Division on 08/15/2013. Fire extinguishers are located on all levels of the home.

The facility received an A rating on the Environmental Health Inspection Report completed on 09/09/2013. The facility utilizes public water and sewage systems.

The resident bedrooms and the resident living area measured as follows:

Bedroom #1	14'7" x 9'3"= 134.87 square feet	1 Resident
Bedroom #2	12'2" x 12'2"= 147.14 square feet	2 Resident
Bedroom #3	8'x10'5" +6'x3'5"=104 square feet	1 Resident
Bedroom #4	12' x 10'3"= 123 square feet	1 Resident
Bedroom #5	12' x 8'=96 square feet	1 Resident
Bedroom #6	12' x 8'= 96' square feet	1 Resident
Bedroom #7	16' x 8'= 128' square feet	2 Residents
Bedroom #8	16' x 12' = 192' square feet	2 Residents

Living area 22'8" x 14'3"= 323 square feet

Bedroom#9 9' x 8' = has a slanted ceiling and cannot be used to house residents.

The facility has a dining area and kitchen that is large enough to seat all residents.

B. Program Description

The facility will provide 24- hour supervision, protection, and personal care for eleven (11) male and/or female residents over the age of 18 years who have been diagnosed with mental illness, developmental disability, and/or a physical handicap. This facility is designed for individuals who are fairly self-sufficient but are vulnerable adults.

Residents will be expected to attend daily community programming or be involved in other daily activities. The facility will supplement daily programs and will include organized social gatherings, board games, art activities, will promote physical exercise as well as working individually with residents to assist them in meeting any individual goals outlined in a person centered plan. The facility will also utilize local community resources and supportive services, such as churches, the local library, shopping centers, and local outdoor recreational areas, to assist residents in becoming more independent and self-sufficient.

C. Applicant and Administrator Qualifications

The applicant is Hanover Home Care, Inc. and was established in Michigan, on 06/27/2011. 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 Hanover Home Care Inc., has submitted documentation appointing Mr. Bede Obasi Jr. as the Licensee Designee and Ms. Pauline Obasi as administrator of the facility. The licensee designee/ administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A criminal history clearance was completed on 05/18/2010 for Bede Obasi Jr. and Pauline Obasi and no criminal convictions were found for either individual. Bede Obasi Jr. and Pauline Obasi submitted medical clearances, dated 04/01/2011 and 03/29/2011 respectively, documenting that no physical and/or mental health conditions exist that would limit their ability to work with or around dependent adults. Current negative TB test results were also obtained for both Bede Obasi Jr. and Pauline Obasi. Bede Obasi has worked in adult foster care homes with individuals diagnosed with mental illness, developmental disabilities, and/or traumatic brain injuries since 2004. He is currently working in adult foster care home providing direct care and support to assist individuals in becoming more independent in the community. Mr. Obasi Jr. has also earned a Bachelor's Degree in Business Administration which he will use to assist him with the business aspect of running this facility. He provided a training transcript from Kent County Community Mental Health documenting that Mr. Obasi Jr. successfully completed all of the training requirements identified in the administrative group home rules.

Pauline Obasi has also worked with individuals diagnosed with mental illness, developmental disabilities, and/or traumatic injuries since 2001. Mrs. Obasi is currently working as a community program administrator as a supervisor providing direction to staff members working with dually diagnosed individuals. She is also part of a clinical team that develops person-centered plans for individuals. Mrs. Obasi also has six years of experience providing direct services to and creating individual service plans for vulnerable adults. Mrs. Obasi earned a Master's Degree in Education with an emphasis in special education. She also provided a training transcript from Kent County Community Mental Health documenting the successful completion of all the training requirements identified in the administrative group home rules.

A licensing record clearance request was completed for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for this facility is projected to be a minimum of one staff person to residents, but will be increased based on the needs of the residents. The night staff person will be required to be awake for the shift in order to continue to meet resident needs during the nighttime 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff members that have received medication training and have been deemed competent by the licensee can administer medication to residents. In addition, the applicant acknowledged an understanding that all resident medications must be in a locked cabinet and that daily medication records must be maintained for each resident.

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

Compliance with the physical plant rules has been determined. All items cited for correction has been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

III. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home with a capacity of 11 residents.

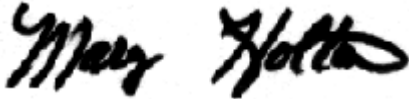


12/10/2013

Dawn Campbell
Licensing Consultant

Date

Approved By:



12/16/2013

Mary E Holton
Area Manager

Date