



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

June 30, 2014

Chiquita Thomas  
Diamond Adult Foster & Respite Homes LLC  
9611 Mendota  
Detroit, MI 48204

RE: Application #: AS820339504  
Diamond Adult Foster Homes  
5400 Oakman Blvd.  
Detroit, MI 48204

Dear Ms. Thomas:

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,

Kara Robinson, LMSW, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820339504

**Applicant Name:** Diamond Adult Foster & Respite Homes LLC

**Applicant Address:** 9611 Mendota  
Detroit, MI 48204

**Applicant Telephone #:** (313) 704-4641

**Administrator/Licensee Designee:** Chiquita Thomas, Designee

**Name of Facility:** Diamond Adult Foster Homes

**Facility Address:** 5400 Oakman Blvd  
Detroit, MI 48204

**Facility Telephone #:** (313) 307-7112

**Application Date:** 04/17/2013

**Capacity:** 4

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

04/17/2013	Enrollment
04/24/2013	Contact - Document Sent File to M. Rubritius for Suitability of Chaquita Thomas.
05/09/2013	Application Incomplete Letter Sent 45-day Suitability assessment letter/questionnaire sent to C. Thomas.
07/12/2013	Application Incomplete Letter Sent
01/31/2014	Comment Enrollment reassigned to K. Robinson
01/31/2014	Application Complete/On-site Needed
02/11/2014	Inspection Completed On-site
04/02/2014	Inspection Completed On-site
04/04/2014	Inspection Completed-BCAL Full Compliance
06/05/2014	Contact Document Received Verification of First Aid training
06/20/2014	Contact – Telephone call made Follow up with Ms. Thomas

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Diamond Adult Foster Care Home is located in a residential neighborhood on Detroit's west side. This single story structure has 3 bedrooms, 1 ½ baths, living room, dining room, attached garage, and an unfinished basement. The fire place has been sealed and the applicant has agreed not to use it.

This facility is not wheelchair accessible and cannot accommodate wheelchairs.

The furnace and hot water heater are located in the basement. Floor separation is achieved with a 90-minute rating fire resistant door at the top of the basement stairs. Said door is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up that was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.83 X 8.92	106	1
2	8.66 X 11.92	103	1
3	9.83 X 14.58	143	2

The living, dining, and sitting room areas measure a total of 383 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Diamond Adult Foster and Respite Home's, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/12/12. 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 Directors of Diamond Adult Foster and Respite Home's, L.L.C. has submitted documentation appointing Chiquita Thomas as Licensee Designee for this facility and Chiquita Thomas as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1-staff-to-4-residents per shift. All staff shall be awake during sleeping 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](http://www.miltcpartnership.org)), Morphotrust (formerly L-1 Identity Solutions ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant 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 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.

