



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 23, 2014

Theresa Obiora
Metonic Services LTD
45297 Greenbriar Drive
Belleville, MI 48111

RE: Application #: AS820359325
Hanford, AFC
4362 Fourth Street
Wayne, MI 48184

Dear Mrs. Obiora:

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,

K. 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 #:	AS820359325
Applicant Name:	Metonic Services LTD
Applicant Address:	45297 Greenbriar Drive Belleville, MI 48111
Applicant Telephone #:	(734) 252-2196
Administrator/Licensee Designee:	Theresa Obiora, Designee
Name of Facility:	Hanford, AFC
Facility Address:	4362 Fourth Street Wayne, MI 48184
Facility Telephone #:	(734) 589-8156
Application Date:	03/14/2014
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/14/2014	Enrollment
03/18/2014	Contact - Document Sent Rule & ACT Books
03/18/2014	Application Incomplete Letter Sent Fingerprint/1326 for Theresa Obiora
03/31/2014	Contact - Document Received Fingerprint/1326 for Theresa Obiora
04/01/2014	Application Complete/On-site Needed
04/01/2014	File Transferred To Field Office Detroit
06/17/2014	Inspection Completed On-site Physical plant violations
08/05/2014	Application Incomplete Letter Sent
08/19/2014	Inspection Completed On-site Smoke detectors not interconnected
08/20/2014	Inspection Completed On-site Re-inspect smoke detectors
09/03/2014	Contact - Document Received Received grievance procedure
09/17/2014	Inspection Completed-BCAL Full Compliance Converted staff BR into BR #4; BR #1 is 3 inches short

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Hanford AFC home is located in a residential neighborhood in Wayne, Michigan. This bungalow style home consists of 4 bedrooms, 2 full baths, a living room, dining room, and partially finished basement. The garage is detached from the rest of the home.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. 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.

The home cannot accommodate persons in wheelchairs.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.25 X 11.25	127	1
2	8.75 X 8.17 + 6.5 X 11.25 + 2.83 X 5.5	160	2
3	10.66 X 14.92 + 2.83 X 5.5 + 2.75 X 3.25 + 1.17 X 3.5	188	2
4	11.25 X 9	101	1

The living and dining room areas measure a total of 237 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 **six (6)** 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 **six (6)** 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 Metonic Services LTD. Domestic Nonprofit Corporation was established in Michigan, on 5/30/03. 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 Metonic Services LTD. has submitted documentation appointing Theresa Obiora as Licensee Designee for this facility and Theresa Obiora 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 this6-bed facility is adequate and includes a minimum of 1-staff-to-6 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), 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.

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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

