



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 2, 2015

Michael Brown  
Domel Inc  
Suite 112  
39293 Plymouth Road  
Livonia, MI 48150

RE: Application #: AS820366091  
Wormer  
14420 Wormer  
Redford, MI 48239

Dear Mr. Brown:

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**

<b>License #:</b>	AS820366091
<b>Licensee Name:</b>	Domel Inc
<b>Licensee Address:</b>	Suite 112 39293 Plymouth Road Livonia, MI 48150
<b>Licensee Telephone #:</b>	(734) 632-0125
<b>Licensee Designee:</b>	Michael R. Brown
<b>Administrator:</b>	Shawn T. Brown
<b>Name of Facility:</b>	Wormer
<b>Facility Address:</b>	14420 Wormer Redford, MI 48239
<b>Facility Telephone #:</b>	(313) 592-1004
<b>Application Date:</b>	09/18/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

09/18/2014	On-Line Enrollment
09/22/2014	Contact - Document Sent Act and Rule Books
09/22/2014	Application Incomplete Letter Sent finger prints and 1326
09/23/2014	Contact - Document Received Finger prints for Michael & 1326 for Michael and Shawn
09/23/2014	Application Complete/On-site Needed
09/23/2014	File Transferred To Field Office Detroit
10/08/2014	Application Incomplete Letter Sent Had to manually generate the letter.
10/08/2014	Contact - Telephone call made Talked to Shawn Brown Administrator for Wormer. RE: application
10/08/2014	Application Incomplete Letter Sent
10/20/2014	Licensing Unit file referred for criminal history review Michael Brown
11/20/2014	Inspection Completed On-site
11/20/2014	Inspection Completed-BCAL Full Compliance
11/20/2014	PSOR on Address Completed
11/20/2014	Recommends Special Certification - Developmentally disabled.
11/20/2014	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a large ranch style home with an attached garage, located in the City of Redford MI. The address of the facility is 14420 Wormer, Redford MI. 48239. The home has four large bedrooms two full baths, large living room area, and dining area that can accommodate six residents.

The home utilizes public water supply and sewage disposal system.

This facility is wheelchair accessible and can accommodate wheelchairs.

The gas furnace and water heater are located in an enclosed room on the across from the laundry room. Furnace room is equipped with 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 which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	10'6"x15'2"	162	2
Bedroom #2	10'6"x15'2"	162	2
Bedroom #3	10'6"x17'	180	1
Bedroom #4	11'4"x15'8"	181	1

The indoor living and dining areas measure a total of **(357)** 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 six **(6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant Domel Inc. intends to provide 24-hour supervision, protection and personal care to six **(6)**, both male and female residents who are aged, physically handicapped, and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment. Domel Inc. intends to accept CMH 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 Domel Inc 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 of the residents.

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

The Domel Inc, a “Non Profit Corporation”, established in Michigan, on 03/31/1980. 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 Domel Inc has submitted documentation appointing Michael R. Brown as licensee designee for this facility and Shawn T. Brown as the administrator of the facility.

Criminal history background checks of the applicant Michael R. Brown and Shawn T. Brown administrators were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant Michael R. Brown and Shawn T. Brown administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant Michael R. Brown and Shawn T. Brown administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Michael R. Brown is the Executive Director for Domel Inc. from 10/01/1988 to present. He is the licensee designee for four licensed Adult Foster Care home with the State of Michigan (Belton II House- AS820069350, Bock House – AS820013616, Charelsworth House – AS820077875, and St. Martins House- AS820014597). The Domel Inc. contracts with Community Living Services, Inc. to provide AFC services to persons who are developmentally disabled.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of (1) staff for (6) residents per shift. The applicant(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc. and Michael R. Brown has indicated that direct care staff will be awake during sleeping hours.

The applicant (s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) Domel Inc., and Michael R. Brown acknowledge(s) 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant(s) Domel Inc., and Michael R. Brown 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 Michael R. Brown will administer medication to residents. In addition, the applicant(s) Domel Inc. and Michael R. Brown 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 (s) Domel Inc., and Michael R. Brown 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 (s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown 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 (s) Domel Inc., and Michael R. Brown acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown 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 (s) Domel Inc., and Michael R. Brown indicated the intent to respect and safeguard these resident rights.

The applicant(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown 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(s) Domel Inc., and Michael R. Brown acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

The licensee designee Michael R. Brown and administrator Shawn T. Brown have met the training and experience requirements as outlined in the administrative rules R. 400.14201/R. 400.15201.

#### **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 temporary license to this AFC adult small group home (capacity 1-6).



01/02/2015

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Karen Davis  
Licensing Consultant

Date

Approved By:



01/02/2015

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Ardra Hunter  
Area Manager

Date