



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

February 4 2015

Elizabeth Jones
Fogle Family Group Home
19440 Warrington Dr.
Detroit, MI 48221

RE: Application #: AS820345485
Fogle Family Group Home
364 Pilgrim
Highland Park, MI 48203

Dear Mrs. Jones:

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 2 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820345485

Applicant Name: Fogle Family Group Home

Applicant Address: 19440 Warrington Dr.
Detroit, MI 48221

Applicant Telephone #: 313-345-2441

Administrator/Licensee Designee: Yvette Jones

Name of Facility: Fogle Family Group Home

Facility Address: 364 Pilgrim
Highland Park, MI 48203

Facility Telephone #: (313) 865-2415

Application Date: 08/02/2013

Capacity: 2

Program Type: DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

08/02/2013	Enrollment just now got corp filed
08/12/2013	Application Incomplete Letter Sent
10/08/2013	Contact - Document Received Training, policy and procedures, admission/ discharge policy and other enrollment documentations
01/06/2014	Contact - Telephone call made Requesting enrollment documents from applicant
01/15/2014	Contact - Document Received Received enrollment documents for review
02/12/2014	Contact - Face to Face Office appointment for review of enrollment documents with licensee designee and administrator
03/14/2014	Contact - Document Received Enrollment documents received
05/02/2014	Contact - Telephone call made Spoke with applicant regarding her experience not being appropriate for AFC licensee and requesting another person be appointed.
05/14/2014	Contact - Document Received Letter for reappointment of another licensee designee
05/14/2014	Application Incomplete Letter Sent
08/29/2014	Inspection Completed On-site
08/29/2014	Inspection Completed-BCAL Sub. Compliance
10/12/2014	Inspection Completed On-site
12/03/2014	Contact - Document Received Enrollment documents
12/17/2014	Contact - Document Received medical for licensee designee
01/15/2015	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Fogle Family Group Home is located within the city of Highland Park. It is a two family flat structure with a faux brick finish. The home has a living, dining room with an eat in kitchen, 2 resident bedrooms, and a full bathroom. The home does not have a garage but a fenced in backyard.

This home is not wheelchair accessible.

The furnace and hot water heater 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 located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back- up, which 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
North	11.75 X 10.25	122.20	1
South	11.58 X 10.33	119.62	1
Total			2

The living, dining, and sitting room areas measure a total of 313.05 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 **two (2)** 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 two (2) 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: private pay individuals.

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 Fogle Family Group Home, Inc., which is a "For Profit Corporation" or "Non Profit Corporation" was established in Michigan, on 0/0/0. 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 Fogle Family Group Home, Inc. has submitted documentation appointing Yvette Jones as Licensee Designee and 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 2-bed facility is adequate and includes a minimum of 1 staff –to- 2 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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 USA (formerly L-1 Identity Solutions™), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 2).



01/26/15

Shatonla Daniel
Licensing Consultant

Date

Approved By:



02/03/15

Ardra Hunter
Area Manager

Date