



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 16, 2014

Krystal Williams
Blessed Hands Care Facility, Inc.
12750 Dartmouth
Oak Park, MI 48237

RE: Application #: AS630362019
Blessed Hands Care Facility
12750 Dartmouth
Oak Park, MI 48237

Dear Ms. Williams:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (248) 975-5053.

Sincerely,

Felicia Townsend

Felicia Townsend, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4298

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630362019
Applicant Name:	Blessed Hands Care Facility, Inc.
Applicant Address:	12750 Dartmouth Oak Park, MI 48237
Applicant Telephone #:	(248) 499-4514
Licensee Designee:	Krystal Williams
Administrator	Semona Taylor
Name of Facility:	Blessed Hands Care Facility
Facility Address:	12750 Dartmouth Oak Park, MI 48237
Facility Telephone #:	(248) 499-4514
Application Date:	06/06/2014
Capacity:	6
Program Type:	MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/06/2014	Enrollment
06/13/2014	License Unit file referred for criminal history review FP-Yes/Krystal.
06/13/2014	License. Unit file referred for criminal history review CH&FP-Yes/ Semona Taylor.
06/13/2014	Application Incomplete Letter Sent Suitability letter sent to Krystal to clear up warrant for arrest in 52nd District Court.
07/01/2014	Application Complete/On-site Needed
07/01/2014	Contact - Document Sent Act & Rules.
07/01/2014	File Transferred To Field Office Pontiac.
09/30/2014	Application Incomplete Letter Sent
11/14/2014	Inspection Completed On-site
11/14/2014	Inspection Completed-BCAL Sub. Compliance
11/24/2014	Corrective action plan requested
12/08/2014	Corrective action received
12/08/2014	Corrective action approved.
12/08/2014	Exit Conference with Krystal Williams

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Blessed Hands Care Facility is located at 12750 Dartmouth, Oak Park, MI and The Home Store, LLC is the owner of record for the property. Proof of ownership and

permission to inspect the property is contained in the facility file. A copy of the lease agreement between Krystal Williams and The Home Store, LLC is also on file.

Blessed Hands Care Facility is a ranch styled brick home, located in a residential area of Oak Park in Oakland County, Michigan. The home utilizes public water and sewage services. Garbage disposal is provided by the City of Oak Park. The kitchen and bathroom areas were evaluated and found to be adequately equipped and in clean condition. All necessary appliances were present at the time of the inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The refrigerator and freezer were equipped with thermometers.

The interior layout of the home consists of a living room, dining room and kitchen. The home has three bedrooms, one full bathroom and a half bath. The heating plant and hot water tank are located in the basement and 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. The home also has a fire extinguisher located on each floor.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' x 10'5"	156	2
2	10'9 " x 11'8"	125	2
3	10'9" x 10'5'	111	0
4	14' x 14'5"	201	2

Based on the above information, this facility can accommodate up to 6 residents as requested on the application. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The indoor living and dining areas measure a total of 406 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The bedrooms were properly furnished, neat and clean. Each bedroom has an easily operable window, a mirror for grooming and a chair. The bedrooms all have adequate closet space for storage. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with the required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six both male and female residents who are physically handicapped and traumatically brain-injured or related conditions. 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 and transportation.

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 applicant to utilize local community resources for recreational activities including public schools and libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Blessed Hands Care Facility, a “domestic profit corporation”, established in Michigan on 04/28/2014. Krystal Williams is the Licensee Designee. Ms. Williams 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.

Krystal Williams has submitted documentation appointing Semona Taylor as the administrator for the facility.

A licensing record clearance request was completed for Krystal Williams, the licensee designee and Semona Taylor as administrator. The licensing record clearance determined Krystal Williams and Semona Taylor to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Williams and Ms. Taylor have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Williams has worked as a Direct Care Worker providing care to quadriplegics from 2009 to present as a self-contracted direct care provider with AAA of Michigan. She also worked at Redford Geriatric Village from 12/2006 – 02/2007 where she provided care for clients with dementia and Joyner Home LLC from 02/2007 – 02/2008 where she provided care for clients with mental illness she also has cared for her father who is a quadriplegic on a full-time basis. Ms. Taylor has worked as a self-contracted care provider from 2002 – present for quadriplegics.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. Ms. Williams 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. Ms. Williams has indicated that direct care staff will be awake during sleeping hours.

Ms. Williams 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.

Ms. Williams acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Williams acknowledge 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) and the related documents required to demonstrate compliance.

Ms. Williams 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 will administer medication to residents. In addition, Ms. Williams 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.

Ms. Williams 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, Ms. Williams 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.

Ms. Williams acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Williams 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.

Ms. Williams 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.

Ms. Williams acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Williams 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 Ms. Williams.

Ms. Williams 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. Ms. Williams indicated the intent to respect and safeguard these resident rights. Ms. Williams 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.

Ms. Williams 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.

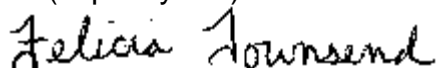
Ms. Williams acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Williams 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 1-4).



12/16/2014

Felicia Townsend
Licensing Consultant

Date

Approved By:



12/16/2014

Denise Y. Nunn
Area Manager

Date