

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



February 23, 2015

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

RE: Application #: AS820366090

Whitney-Knoll

37665 Whitney Drive Wayne, MI 48184

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 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,

Edith Richardson, Licensing Consultant Bureau of Children and Adult Licensing

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Cadillac Pl. Ste 11-350 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-1934

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820366090

Licensee Name: Domel Inc

Licensee Address: Suite 112

39293 Plymouth Road Livonia, MI 48150

**Licensee Telephone #:** (734) 632-0125

Administrator/Licensee Designee: Michael Brown, Designee

Name of Facility: Whitney-Knoll

Facility Address: 37665 Whitney Drive

Wayne, MI 48184

**Facility Telephone #:** (734) 728-8207

09/18/2014

**Application Date:** 

Capacity: 6

Program Type: 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
10/28/2014	Contact - Document Received corporate application
12/19/2014	Inspection Completed-BCAL Full Compliance

### III. Description of Findings & Conclusions

#### A. Physical Plant

The Whitney-Knoll home is located in a residential area in Wayne. The home is a single story structure with an attached garage. There is no basement. The home is built on a cement slab. The home consists of a living room, dining room, kitchen, activity room, 2 full bathrooms and three bedrooms.

The heat plant and hot water heater are enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 3/4-inch solid core wood. The door is hung in a fully stopped wood or steel frame and is equipped with an automatic self-closing device and positive-latching hardware.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room, activity room and bedrooms were measured during the initial inspection and have the following dimensions.

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Living room 15' X 14' 6" = 210 sq. ft.
Dining room 14' X 16" 4" = 224 sq. ft.
Activity room 15 X 14'8" = 210 sq. ft.
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#### Resident bedrooms

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East 13'6" X 11'9" + 158.6 sq. ft. (2 residents)
North East 13' X 13'6" = 175.5 sq. ft. (2 residents)
South East 13'6" X 11'9" + 158.6 sq. ft. (2 residents)
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The applicant has requested a license for 6 residents, and based on the above information can accommodate 6 residents.

#### B. Administration/Program/Resident Care/Records

#### 1. Population to be Served & Admission Criteria

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 Community Living Services.

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, or the responsible person.

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.

#### 2. Applicant and Household

## a. Corporation or Limited Liability Company

The Domel Corporation is the applicant. The Domel Corporation is a non-profit company registered with the State of Michigan. The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct

Care Staff. The Board of Directors has designated Michael Brown as the licensee designee and as the administrator.

The applicant does not live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

# 3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicant **(or** licensee designee) and the administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative result.

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

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

#### 4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The staffing pattern for the original license facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The licensee understands additional staff is based upon the needs of the residents and shall be adequate at all times.

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 agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

Reporting requirements
First Aid
Cardiopulmonary resuscitation
Personal care, supervision, and protection
Resident rights
Safety and fire prevention
Prevention and containment pf communicable disease

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.

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.

# 5. Records & Record Keeping

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

Resident Identification Form
Resident care Agreement
Health Care Appraisal
Medication Record
Monthly Weight Record
Assessment Plan
Funds & Valuables Record Part 1 & 2
Incident/Accident Report

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 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

#### III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Edith Richardson Licensing Consultant	02/11/2015 Date
Approved By:	02/23/2015
Ardra Hunter Area Manager	Date