



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

December 11, 2015

Melinda Rickle  
2223 4th St  
Trenton, MI 48183

RE: Application #: AS820374907  
22nd Street Senior Care  
2772 22nd St  
Wyandotte, MI 48183

Dear Melinda Rickle:

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,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS820374907

**Licensee Name:** Melinda Rickle

**Licensee Address:** 2223 4th St  
Trenton, MI 48183

**Licensee Telephone #:** (734) 838-7770

**Administrator/Licensee Designee:** Melinda Rickle

**Name of Facility:** 22nd Street Senior Care

**Facility Address:** 2772 22nd St  
Wyandotte, MI 48183

**Facility Telephone #:** (734) 258-8579  
03/18/2015

**Application Date:**

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

03/18/2015	On-Line Enrollment
03/20/2015	Contact - Document Sent rule and act books
03/20/2015	Comment 1326 needed
03/30/2015	Contact - Document Received 1326/fingerprints for Melinda
04/02/2015	File Transferred To Field Office Detroit
04/20/2015	Application Incomplete Letter Sent
05/29/2015	Contact - Document Received Policy and procedures received by applicant Melinda Rickle.
06/10/2015	Contact - Document Sent Electronic mail (e-mail) sent to applicant informing her that all of the required documents were not in her packet and to contact me upon receipt of this email.
06/11/2015	Technical Assistance To applicant Melinda Rickle regarding policies, procedures, training, experience etc.
07/09/2015	Contact - Document Received Received updated policy and procedures. Applicant reported she will submit the verification of the required training within the next two weeks.
08/04/2015	Contact - Document Received Received verification of required trainings for the applicant.
08/26/2015	Technical Assistance Provided additional TA to Ms. Rickle and requested Alzheimer's program statement again and updated policy and procedures.
09/02/2015	Contact - Telephone call made Requested direct care experience relevant to the population identified in the homes program statement as the previously submitted job description does not identify Ms. Rickle's direct care experience.
09/02/2015	Contact - Document Received

	Received updated policies and procedures.
09/10/2015	Contact - Document Received Received verification of relevant experience for applicant/administrator.
10/12/2015	Contact - Telephone call received Ms. Rickle called and cancelled the on-site inspection for 10/13/15 as she is ill. Ms. Rickle will call back later in the week to re-schedule.
10/16/2015	Application Complete/On-site Needed
10/20/2015	Inspection Completed-BCAL Sub. Compliance
10/20/2015	Contact-Document Sent Confirming Letter sent
11/01/2015	Contact - Document Received Received e-mail from applicant Ms. Rickle stating that the required fire door had to be special ordered and would not arrive for two to three weeks. Ms. Rickle reported she would contact me once it was back and installed at the home.
11/29/2015	Contact - Document Sent I sent an email to Ms. Rickle inquiring about the status of the special order fire door that she was waiting on to arrive and hung.
12/04/2015	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

22<sup>nd</sup> Street Senior Care is located in the city of Wyandotte. The facility is a large brick and white aluminum-sided ranch that sits on a large double lot. The home has an enclosed front porch a paved driveway with a two car attached garage. The home also has a large fully fenced backyard. The living and dining space in the home contains 381 sq. ft. of activity space. This is adequate for the proposed number of occupants. The 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 positive latching hardware, and located at bottom 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 #	Dimensions	Square Footage	Capacity
1	13 x 9'5"	122 sq. ft.	1
2	10 x 11'9"	118 sq. ft.	1
3	11'8" x 11'9"	137 sq. ft.	2
4	14'3" x 10	143 sq. ft.	2

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.

This home cannot accommodate wheelchairs.

## **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 who are aged and/or have been medically assessed as having Alzheimer's. The program will include social interaction, personal hygiene care, and access to transportation.

The facility will make provision for a variety of leisure and recreational activities. 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 Administrators Qualifications**

The applicant is 22<sup>nd</sup> Street Senior Care, L.L.C., which is a Domestic Limited Liability Company, established in Michigan, on 03/09/15. 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 22<sup>nd</sup> Street Senior Care, L.L.C. has submitted documentation appointing Melinda Rickle 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 6 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 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](http://www.miltcpartnership.org)), IdentoGO 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 licensee designee 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 licensee designee 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 licensee designee 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

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



12/11/15

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Pandrea Robinson  
Licensing Consultant

Date

Approved By:



12/11/15

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Ardra Hunter  
Area Manager

Date

