



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

January 11, 2016

Nichole Landers
Landers & Landers Home for the Aged, Inc.
PO Box 33202
Bloomfield Hills, MI 48303

RE: Application #: AS820380118
Landers Home #2
4300 6th Street
Ecorse, MI 48229

Dear Ms. Landers:

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 5 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 cursive script, reading "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820380118
Applicant Name:	Landers & Landers Home for the Aged, Inc.
Applicant Address:	1886 Hickory Bark Lane Bloomfield Hills, MI 48304
Applicant Telephone #:	(248) 260-7042
Administrator/Licensee Designee:	Nichole Landers, Designee
Name of Facility:	Landers Home #2
Facility Address:	4300 6th Street Ecorse, MI 48229
Facility Telephone #:	(313) 724-6192
Application Date:	10/22/2015
Capacity:	5
Program Type:	MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/22/2015	Enrollment
10/26/2015	Contact - Document Sent Rules and Act sent
10/26/2015	Application Incomplete Letter Sent 1326 for Nicole Landers
10/26/2015	Contact - Document Received 1326 for Nicole Landers received/fax
10/27/2015	File Transferred To Field Office Detroit/Wayne
11/20/2015	Application Complete/On-site Needed
12/02/2015	Inspection Completed On-site
12/10/2015	Inspection Completed On-site
12/10/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Ecorse, in Wayne County. The facility has a paved driveway and on-street parking for staff and visitor parking. The facility has a large living area, dining area, kitchen, three resident bedrooms, and two full bathrooms. The facility utilizes the city water supply and sewer system.

The furnace and water heater are located in the basement of the facility. The laundry area is also located in the basement. Floor separation between the basement and the main level of the facility is created by a 1 ¾ inch solid wood core door. The door is equipped with an automatic, self-closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the three resident bedrooms, the kitchen area and in the basement. The facility is equipped with fire extinguishers that are located in the kitchen, hallway, and basement of the facility.

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

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'9" X 16'10"	191.59	2
Bedroom # 2	13'0' x 10'0"	130	2
Bedroom # 3	11'5" x 8'3"	95.45	1
Living Area	12'0" x 16'10"	193.2	

The living area measures a total of 193.2 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 five (5) residents.

This facility cannot accommodate wheelchairs.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for five (5) male or female residents. The facility will accept residents who are aged adults who may suffer with mild dementia and medically stable mentally ill adults. The facility will provide for the safety of the residents by alarming all of the exit doors. The facility will provide residents with the opportunity to participate in activities that include; exercises, leisurely games, reading, television, shuffle board and board games.

In addition to the above program elements, it is the intent of the applicant to utilize community resources for recreational activities including local recreational center. Residents will also be provided with the opportunity to go on occasional trips to fast food restaurants, ballgames, and hair salons.

C. Rule/Statutory Violations

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by income from an already licensed facility and the projected income from the caring for the AFC residents for this facility.

The applicant is Landers & Landers Home for the Aged, Inc., a Domestic Nonprofit Corporation established in Michigan on 7/28/2006. The applicant submitted a financial statement and annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Nichole Landers is the licensee designee and administrator for the facility. A criminal history clearance was completed on 10/27/2015 for Ms. Landers and no criminal

convictions were found. Ms. Landers submitted a medical clearance dated 8/14/2015 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Landers.

Ms. Landers has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Landers provided documentation that she has 16 years of experience as a direct care staff and an additional two years as operating a licensed adult foster care facility working with aged and mentally ill adults.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum 1 staff for 5 residents per shift. The applicant 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.milcpartnership.org) and the related documents required to demonstrate compliance.

The applicant 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 to be competent by the licensee or licensee designee will 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 applicant acknowledged the responsibility to obtain all required good moral character, medical, 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 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 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 acknowledged 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 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant 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 indicated the intent to respect and safeguard these resident rights.

The applicant 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 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.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary licensed to this AFC adult small group home with a capacity of five (5) residents.



1/11/2016

Andrea Green
Licensing Consultant

Date

Approved By:



1/11/2016

Ardra Hunter
Area Manager

Date