



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 2, 2016

Mfon Uko
Fonag Inc
40946 Crossbow Circle Suite #105
Canton, MI 48188

RE: Application #: AS820370081
Grace at Ecorse
44257 Ecorse Rd
Belleville, MI 48188

Dear Mr Uko:

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, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820370081

Applicant Name: Fonag Inc

Applicant Address: 40946 Crossbow Circle Suite #105
Canton, MI 48188

Applicant Telephone #: (734) 710-0646

Administrator/Licensee Designee: Mfon Uko, Designee

Name of Facility: Grace at Ecorse

Facility Address: 44257 Ecorse Rd
Belleville, MI 48188

Facility Telephone #: (734) 710-0646

Application Date: 12/12/2014

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/12/2014	Enrollment
12/16/2014	Application Incomplete Letter Sent 1326 and fingerprints for Mfon Uko and Grace
12/16/2014	Contact - Document Sent rule and act books
12/30/2014	File Transferred To Field Office Detroit
02/11/2015	Application Incomplete Letter Sent
02/27/2015	Contact - Document Received
08/27/2015	Application Complete/On-site Needed
08/28/2015	Inspection Completed-BCAL Sub. Compliance
10/07/2015	Corrective Action Plan Received
10/07/2015	Corrective Action Plan Approved
12/17/2015	Inspection Completed Onsite
12/17/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Grace at Ecorse Home is located in a residential area in Belleville. The home is a single story structure with an attached garage. The single story the home consists of a combined living and dining room, family room, kitchen, 1 full bathroom, 1 half bath, five bedrooms and two flame-producing equipment enclosures.

The heat plant, hot water heater and a gas dryer which are located on the same level as the residents are enclosed in rooms that are constructed of material which has a 1-hour-fire-resistance rating. The doors are steel and have a one hour fire-resistance rating. The doors are hung in fully stopped steel frames. The doors are equipped with an automatic self-closing device and positive-latching hardware. A permanent outside vent that cannot be closed is incorporated in the design of each heating plant room so that adequate air for proper combustion is assured.

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/dining room, family room and bedrooms were measured during the initial inspection and have the following dimensions.

Living/Dining room 16 X 12 = 192 sq. ft.

Family room 22 X 13 = 286 sq. ft. In order to meet the required 35 square feet of indoor living space per occupant, excluding bathrooms, storage areas, hallways, kitchens and sleeping areas, the residents must have access to the family room.

Resident bedrooms

NW bedroom 10 X 10 = 110 sq. ft. (1 resident)

NE bedroom 10 X 8 = 80 sq. ft. (1 resident)

Center E bedroom 8 X 11 = 88 sq. ft. (1 resident)

SE bedroom 14 X 7 = 98 sq. ft. (1 resident)

SW bedroom 16 X 9 = 144 sq. ft. (2 residents)

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: (Gateway, Consumer Link, and Synergy Partners).

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 Fonag Inc., corporation is the applicant. Fonag Inc., 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 Mfon Uko as the licensee designee and named Grace B Uko as the administrator.

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 applicant (**or** 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 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 of this six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift, based on the needs of the residents.

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 of 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.

IV. Recommendation

I recommend issuance of a temporary license.



Edith Richardson
Licensing Consultant

1/13/2016
Date

Approved By:



2/2/2016

Ardra Hunter
Area Manager

Date