



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 17, 2016

Chiquita Thomas  
Diamond Adult Foster & Respite Homes LLC  
18210 Alta Vista Dr.  
Southfield, MI 48075

RE: Application #: AS820381270  
Diamond Adult Foster Middle Point Home  
8028 Middle Point  
Detroit, MI 48204

Dear Ms. Thomas:

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 that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820381270
<b>Applicant Name:</b>	Diamond Adult Foster & Respite Homes LLC
<b>Applicant Address:</b>	18210 Alta Vista Dr. Southfield, MI 48075
<b>Applicant Telephone #:</b>	313-651-5994
<b>Administrator/Licensee Designee:</b>	Chiquita Thomas
<b>Name of Facility:</b>	Diamond Adult Foster Middle Point Home
<b>Facility Address:</b>	8028 Middle Point Detroit, MI 48204
<b>Facility Telephone #:</b>	(313) 704-4641
<b>Application Date:</b>	02/01/2016
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

02/01/2016	Enrollment
02/01/2016	Contact - Document Received 1326 for C. Thomas
02/02/2016	Contact - Document Sent rules and act
02/02/2016	Lic. Unit file referred for criminal history review I-Chat hit to C.Gandhi
02/10/2016	File Transferred To Field Office Detroit/Wayne
04/27/2016	Inspection Completed-BCAL Sub. Compliance
04/27/2016	Inspection Completed On-site
05/21/2016	Inspection Completed On-site
05/21/2016	Inspection Completed-BCAL Full Compliance
06/01/2016	Application Complete/OFS Needed

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### Physical Description of Facility

The Diamond Adult Foster Care Middle Point home is located in a residential area of the city of Detroit. The two story brick home has a living room, dining room with 1 ½ bathrooms and three spacious bedrooms. The home has a detached garage, an enclosed backyard, and a basement.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top 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 #	Room Dimensions	Total Square Footage	Total Resident Beds
Southeast 1	9.83 X 13.33	131.03 sq. ft.	2
Southeast 2	13.33 X 13	173.29 sq. ft.	2

West	9.42 X 10.75	101.26 sq. ft.	1
Total			5

The living, dining, and sitting room areas measure a total of \_294.2\_ 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)** ambulatory 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 **five (5)** 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: (CareLink).

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, and the responsible agency.

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.

### **C. Applicant and Administrator Qualifications**

The applicant is Diamond Adult Foster & Respite Homes, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/23/2014. 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 Diamond Adult Foster & Respite Homes, L.L.C. has submitted documentation appointing Chiquita Thomas as Licensee Designee and the 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 \_5\_-bed facility is adequate and includes a minimum of \_1\_ staff –to- \_5\_ residents per shift. All staff shall be awake during sleeping hours.

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 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)), MorphoTrust USA (L-1 Identity Solutions<sup>TM</sup>), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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. 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 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.

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

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 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 5.



6/09/2016

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Shatonla Daniel  
Licensing Consultant

Date

Approved By:



6/17/2016

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Ardra Hunter  
Area Manager

Date