



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 14, 2016

Sharon McQueen-Barnes
AB KHA #1 Place Adult Care Home
PO Box 5192
Warren, MI 48089

RE: Application #: AS500359312
AB KHA #1 Place Adult Care Home
20815 Montrose
Warren, MI 48089

Dear Ms. Barnes:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 835-6827

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500359312
Applicant Name:	AB KHA #1 Place Adult Care Home
Applicant Address:	20815 Montrose Warren, MI 48089
Applicant Telephone #:	(313) 283-6200
Administrator/Licensee Designee:	Sharon McQueen-Barnes
Name of Facility:	AB KHA #1 Place Adult Care Home
Facility Address:	20815 Montrose Warren, MI 48089
Facility Telephone #:	(313) 627-5885
Application Date:	03/14/2014
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/14/2014	Enrollment
03/18/2014	Contact - Document Sent Rules & Act booklets
03/18/2014	Application Incomplete Letter Sent Rec cl & FP's for Rodrick Barnes
03/27/2014	Comment FP's for Martalana Barnes
04/08/2014	Contact - Document Received Rec cl for Martalana Barnes, licensee
04/09/2014	Application Complete/On-site Needed
04/18/2014	Application Incomplete Letter Sent
01/09/2015	Contact - Document Sent Email sent to Mr. Barnes.
01/13/2015	Contact - Document Received Email received from Mr. Barnes.
01/14/2015	Contact - Document Received Email received from Ms. Sharon McQueen.
02/12/2015	Inspection Completed On-site
02/12/2015	Inspection Completed-BCAL Sub. Compliance
07/28/2016	Inspection Completed On-site Follow-up inspection.
07/28/2016	Inspection Completed-BCAL Sub. Compliance
08/15/2016	Contact - Document Received Received pictures of the corrected items identified at last onsite inspection.
10/04/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

AB KHA #1 Place Adult Care Home is a single family brick ranch-style home with an attached, two-car garage built in 1971. The home is not wheelchair accessible. The property is fully landscaped and the rear yard is enclosed with a fence. The home is located in a residential neighborhood in the city of Warren, a suburb north of the city of Detroit. The home and surrounding community are serviced by public water and sewage systems. Medical, educational, and social resources are located within close proximity to the home in the surrounding community. The facility also has access to 1-696, I-75, and I-94 freeways.

AB KHA #1 Place Adult Care Home features an interconnected smoke detection system in the hallway, bedrooms, and smoke detection right outside of the kitchen. Fire extinguishers have been installed and mounted as required in the home and in the basement. The home is heated by a gas, forced-air furnace located in the basement along with the laundry room. A secured key lock closet has been identified to secure the residents' medications.

The family room is located off of the front entrance. The dining room has the appropriate dining furniture that can accommodate all of the residents meeting Rule 400.14405(8). The home features a full bath in the residents' bedroom area of the home and a half bathroom off of the kitchen.

I measured all community living space and bedrooms within the home to determine occupancy limits. The measurements, square footage, and capacity limits are as follow:

Dining area	12'11" x 13'11"	180 square feet
Family room	16'5" x 13'4"	219 square feet

Total square footage of community space: 399 square feet.

Bedrooms	Measurements	Square feet	Capacity
Bedroom #1	12'9" x 9'9"	125.41 sq. ft.	1
Bedroom #2	12'10" x 10'5"	133.7 sq. ft.	2
Bedroom #3	13'8" x 9'8"	137 sq. ft.	2

Total capacity: 5

The square footage of community space is adequate for the facility to accommodate up to five (5) AFC residents per the rule requirement R400.14405 (1). Also each bedroom meets the rule requirement R400.14409 (2)(3). The capacity cannot exceed 5 residents.

B. Program Description

AB KHA #1 Place Adult Care Home, Inc. submitted an original application for licensure on 3/18/14. The intended population is male and female adults 18 years of age and older who require foster care due to being developmentally disabled and mentally ill in the least restrictive environment possible. The facility is unable to accommodate any individual that may use a wheelchair at this time. AB KHA #1 Place Adult Care Home, Inc. is interested in securing a contract with Macomb Oakland Regional Center to provide specialized services and placement of residents.

AB KHA #1 Place Adult Care Home, Inc., which is a “Non-Profit Domestic Corporation”, was established in Michigan on 4/18/2012. A financial statement and an established annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility has been submitted. The Board of Directors of AB KHA #1 Place Adult Care Home, Inc. appointed Sharon Barnes-McQueen as the Licensee Designee and Administrator of the facility.

Ms. Barnes-McQueen has submitted all of the training and educational requirements as outlined in Rule 400.14201 (3)(a) through (i). Ms. Barnes-McQueen received her Bachelor of Science in Nursing from Eastern Michigan University on April 26, 2013, and has been a Registered Nurse since then. Ms. Barnes-McQueen currently works as a registered nurse at Detroit Medical Center in the Emergency Department at Detroit Receiving Hospital for numerous years. Ms. Barnes-McQueen has experience working with the developmentally disabled and the mentally ill population in her current role as a nurse.

Ms. Barnes-McQueen completed her medical exam and tuberculosis test and was found to be in good physical and mental health. Ms. Barnes-McQueen tested negative for her T.B. test. Ms. Barnes-McQueen also submitted her fingerprint to the licensing unit and there is currently no criminal history.

Ms. Barnes-McQueen submitted the following documents to licensing as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302: Program Statement; Admission Policy, Discharge Policy; Personnel Policies; Refund Agreement; Articles of Incorporation; Board of Directors List; Designated Person; Budget; Floor Plans; House Rules; Organizational Chart; Permission to Inspect; Proof of Ownership; Standard/Routine Procedures; Staff Training; Fire Evacuation Plan; and Staffing Pattern.

Ms. Barnes-McQueen was informed during the final onsite inspection that she will need to maintain in each resident record the required forms and signatures that need to be completed prior to, or at the time of each resident’s admission to the home as well as updating these required forms and signatures for each resident on an annual basis consistent with Rule 400.14316(1)(a) through (2).

Ms. Barnes-McQueen was also informed that she will need to maintain in each employee file the required items that are consistent with Rules 400.14204 and 400.14208 for staff qualifications and training: completed and signed employment application that includes a hire date; educational information and experiences; two references; copy of the person's driver's license; a signed job description and personnel policies; initial physical signed by a physician and then annual health care reviews thereafter; tuberculosis testing with results; copy of fingerprinting results; and training requirements for direct caregivers. Ms. Barnes-McQueen 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. In addition, Ms. Barnes-McQueen has knowledge on how to obtain criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org).

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

C. Rule/Statutory Violations

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

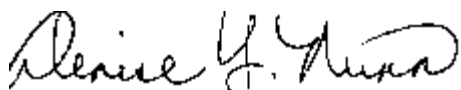


Linda Pavlovski
Licensing Consultant

10/04/2016

Date

Approved By:



Denise Y. Nunn
Area Manager

11/14/2016

Date