



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 22, 2016

Angella Hamm  
Orchard AFC Home  
43 Batavia Street  
River Rouge, MI 48218

RE: Application #: AS820381240  
Stoner AFC Home  
28 Stoner  
River Rouge, MI 48218

Dear Ms. Hamm:

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 4 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 "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
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**

<b>License #:</b>	AS820381240
<b>Applicant Name:</b>	Orchard AFC Home
<b>Applicant Address:</b>	73 Orchard Ecorse, MI 48229
<b>Applicant Telephone #:</b>	(734) 512-6294
<b>Administrator/Licensee Designee:</b>	Angella Hamm, Designee
<b>Name of Facility:</b>	Stoner AFC Home
<b>Facility Address:</b>	28 Stoner River Rouge, MI 48218
<b>Facility Telephone #:</b>	(734) 512-6294 01/25/2016
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/25/2016	Enrollment
01/27/2016	Contact - Document Received BCAL-1609 CERTF OF SPECIALIZED PROGRAMS AND BCAL 3704 MED CLEARANCE FOR A.HAMM WITH TB RESULTS.
01/29/2016	Application Incomplete Letter Sent 1326 NEEDED FOR A.HAMM
02/10/2016	Contact - Telephone call made per phone call returned to Angella Hamm I e-mailed her a 1326- AFC clearance form to fill out and return to me.
02/17/2016	Contact - Document Received Recvd. 1326A Lic Record clearance req.for A.Hamm
02/18/2016	File Transferred To Field Office Detroit/Wayne
05/17/2016	Application Incomplete Letter Sent
08/17/2016	Contact - Telephone call received Telephone message from applicant. She stated that she dropped off paperwork at the office.
08/17/2016	Contact - Telephone call made Telephone call to applicant. Message left.
08/17/2016	Contact - Telephone call received Telephone call from applicant, Jeanette Ticer. She left a message that she is planning on completing her renewal application.
08/17/2016	Contact - Telephone call made Telephone call to Ms. Ticer.
09/08/2016	Application Complete/On-site Needed
10/19/2016	Inspection Completed On-site
10/19/2016	Inspection Completed-BCAL Sub. Compliance
10/20/2016	Application Incomplete Letter Sent
10/28/2016	Inspection Completed On-site
10/28/2016	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two story vinyl siding dwelling located in a residential neighborhood in the city of River Rouge in Wayne County. The home has a one car detached garage off the alley and a driveway on the side of the home. There is space for staff and visitor parking in the driveway and on the street in front of the home. The facility has a living room, dining room, kitchen and three resident bedrooms. The home has one resident bathroom on the second level and a staff bathroom located on the first level off the office area. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a 1 ¾ inch solid wood core door at the top of the stairs. 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 resident bedrooms and upstairs hallway, kitchen, dining room and basement. The facility is equipped with fire extinguishers which are located on each level 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	14'2" X 12'4"	176.08	2 Residents
Bedroom # 2	11'4" X 10'1"	115.14	1 Resident
Bedroom # 3	11'1" X 9'8"	108.78	1 Resident
Living Room	15'2" X 13'4"	203.68	

The living area measures a total of 203.68 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 four (4) residents.

The home cannot accommodate wheelchairs.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for four (4) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults and non-violent, non-aggressive and medically managed mentally ill adults. The facility will provide the residents with the opportunity to participate in a day program to improve social skills, recreational activities which can include bowling, movies, mall visits board games, arts and crafts, television and reading. Residents will also be provided with the opportunity to attend religious services in the community.

## **C. Applicant and Administrator Qualification**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring of AFC residents along with income from two other AFC facilities.

The applicant is Orchard Care Services, a Domestic Nonprofit Corporation established in Michigan on 4/2/2014. The applicant submitted a financial statement and established and annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Angella Hamm is the licensee designee and administrator for the facility. A criminal history clearance was completed on 2/18/2016 for Ms. Hamm and no criminal convictions were found. Ms. Hamm submitted a medical clearance dated 6/13/2016 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current TB test was also obtained for Ms. Hamm.

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Hamm has provided documentation that she has 18 years of experience working with mentally ill and developmentally disabled adults. Ms. Hamm also has two years of experience operating two AFC homes. Ms. Hamm has completed trainings through the State Group Home Training Curriculum, Community Living Services, VCE and the American Red Cross.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff for 4 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 acknowledges 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.miltcpartnership.org](http://www.miltcpartnership.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 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 t acknowledged the responsibility to obtain all required good moral character, medical, and 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 up the retention schedule for those document 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 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 valuables 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 resident’s 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 and 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.

The applicant acknowledged that residents with mobility impairments may only resident on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home with a capacity of four (4) residents.



11/28/2016

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Andrea Green  
Licensing Consultant

Date

Approved By:



12/22/2016

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Ardra Hunter  
Area Manager

Date