



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 13, 2017

Chinwe Ohaka
Compassionate Care Home, Inc
27071 Lucerne
Inkster, MI 48141

RE: Application #: AS820379939
Compassionate Care Home
27071 Lucerne Drive
Inkster, MI 48141

Dear Ms Ohaka:

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 blue ink that reads "K. Robinson".

Kara Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Suite 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820379939
Applicant Name:	Compassionate Care Home, Inc
Applicant Address:	27071 Lucerne Inkster, MI 48141
Applicant Telephone #:	248-787-1773
Administrator/Licensee Designee:	Chinwe Ohaka, Designee
Name of Facility:	Compassionate Care Home
Facility Address:	27071 Lucerne Drive Inkster, MI 48141
Facility Telephone #:	(313) 914-7846
Application Date:	10/12/2015
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/23/2015	Contact - Document Received Chinwe Ohaka:3704 Medical Clearance, Healthcare CPR verify, 1326a RECORD CLEARANCE
10/12/2015	Enrollment
10/12/2015	Inspection Completed-Heating Approved HOT WATER HEATER AS WELL
10/15/2015	Contact - Document Sent RULES AND ACT SENT
10/15/2015	File Transferred To Field Office Detroit/Wayne
10/20/2015	Comment Verification of Federal Tax ID number faxed. File sent to Detroit will send paperwork on.
10/23/2015	Enrollment assigned to K. Robinson
12/03/2015	Application Incomplete Letter Sent
01/20/2016	Contact - Document Received Received partial supporting documents
03/02/2016	Contact - Telephone call made Attempted to schedule onsite inspection for 3/8/16, but Mrs. Ohaka declined citing she won't be in town
05/11/2016	Inspection Completed On-site Observed multiple physical plant violations
08/09/2016	Inspection Completed On-site Fire safety violations exist
10/18/2016	Inspection Completed-BCAL Full Compliance
11/23/2016	2 nd Application Incomplete Letter Sent
12/15/2016	Application Complete Received final supporting documents (experience, financials, and medical clearance)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Compassionate Care Home is located in a residential neighborhood. It is a ranch style structure with basement. An addition has been added to the original framework. The home currently consists of 5 single rooms, living/dining room combo, 1 ½ baths, and kitchen. There is no garage.

The home cannot accommodate residents who require the regular use of a wheelchair. There are multiple means of egress. The applicant has designated the front door and side door as the required means of egress. The appropriate hardware has been installed.

The furnace and hot water heater are located in the basement. The applicant installed a steel fire door that has a 90-minute fire resistant rating with an automatic closure attached. The fire door is located at the top of the stairs. The facility is equipped with interconnected smoke detectors that are hardwired through the home's electrical system. The equipment was installed by a licensed contractor 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
1	12.42 X 9.17	114	1
2	9.83 X 10.5	103	1
3	9.75 X 10.25	100	1
4	12.33 X 9.83	121	1
5	9.17 X 10.25	94	1

The living and dining, and sitting room areas measure a total of 241 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. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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: (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, 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 Compassionate Care Home which is a Domestic Non Profit Corporation was established in Michigan, on 8/6/2013. 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 Compassionate Care Home has submitted documentation appointing Chinwe Ohaka as Licensee Designee for this facility and Chinwe Ohaka as 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.

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),

MorphoTrust™ (formerly L-1 Identity Solutions ®), and the related documents required to be maintained in each employees 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.

IV. RECOMMENDATION

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



1/9/17

Kara Robinson
Licensing Consultant

Date

Approved By:



1/13/17

Ardra Hunter
Area Manager

Date