



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 17, 2017

Selina and Melvin Douglass
16999 Morrison Street
Southfield, MI 48076

RE: Application #: AF630384386
Douglass Home of Love
16999 Morrison Street
Southfield, MI 48076

Dear Selina and Melvin Douglass:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630384386
Applicant Name:	Selina Douglass and Melvin Douglass
Applicant Address:	16999 Morrison Street Southfield, MI 48076
Applicant Telephone #:	(248) 875-0996
Administrator/Licensee Designee:	N/A
Name of Facility:	Douglass Home of Love
Facility Address:	16999 Morrison Street Southfield, MI 48076
Facility Telephone #:	(248) 875-0996
Application Date:	08/10/2016
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

08/10/2016	Enrollment
08/12/2016	Contact - Document Received Medical Clearances and TBs/Selina & Melvin.
08/16/2016	PSOR on Address Completed
08/16/2016	Application Incomplete Letter Sent FPs, RI030s, 1326As/Selina & Melvin.
08/16/2016	Contact - Document Sent Act & Rules.
08/29/2016	Application Incomplete Letter Sent 1326A/Responsible Adult other than Applicant(s).
09/16/2016	File Transferred To Field Office Pontiac.
09/20/2016	Contact - Document Received Licensing file received from Central office
10/21/2016	Application Incomplete Letter Sent
11/17/2016	Contact - Document Received
12/08/2016	Contact - Telephone call received Selena Douglass
12/12/2016	Contact - Document Sent Email sent to Mrs. Douglass
12/12/2016	Application Complete/On-site Needed
01/17/2017	Contact - Document Sent Email sent to Selena Douglass
01/19/2017	Contact - Document Received Email from Selena Douglass
01/31/2017	Inspection Completed On-site
01/31/2017	Inspection Completed-BCAL Sub. Compliance
02/01/2017	Application Incomplete Letter Sent via email to Mrs. Douglass

02/01/2017	Contact - Document Sent Email sent to Mrs. Douglass
05/01/2017	Contact- Document Received Email – documentation received from Selina Douglass
05/01/2017	Inspection Completed- Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Douglass Home of Love adult foster family care home is located in a residential area in Southfield, Michigan. Douglass Home of Love family foster care home, constructed in 1969, is a two- story structure, colonial style home. There is a full basement in the home. The home is owned by the applicants, Melvin and Selina Douglass. The home has a proposed occupancy of four adult foster care residents. The community is serviced by public water and sewage system. Medical, social, educational, religious and shopping resources are located nearby within the surrounding community. Laundry facilities are located on the first floor of the home and includes a gas-dryer with a flexible galvanized metal duct.

The first floor of the home consists of a living room, dining room, laundry room, kitchen, kitchen nook and a den/family room and a ½ bathroom. The second floor of the home consists of four bedrooms (two bedrooms are designated for residents use) and two full bathrooms.

The furnace and hot water heater are located in the basement. The heating plant door is 1¾ inch and equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with ceiling mounted smoke detectors between the sleeping area, the living room, kitchen and basement. Mr. and Mrs. Douglass are aware that the detectors should be tested and that batteries shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer per Rule 400.137.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' x 12' 5"	186.25 square feet	2
2	13'5" x 11'5"	153.17 square feet	2

Total capacity: 4

Resident Living Space	Room Dimensions	Total Square Footage
Family Room	12' x 15'	180 square feet
Kitchen/ Dining Nook	14' x 9'	126 square feet
Living Room	14' x 12'	173.8 square feet

The living room, kitchen, dining nook, and family room areas measure a total of 479 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. It is the licensee's responsibility not to exceed the facility's licensed capacity.

During the onsite inspection I observed the home and bedrooms were furnished according to the applicable licensing rules and statutes.

B. Program Description

Mr. and Mrs. Douglass intend to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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.

In addition to the above program elements, it is the intent of Mr. and Mrs. Douglass to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of Selina Douglass and Melvin Douglass were completed and determined to be of good moral character to provide licensed adult foster care. Mr. and Mrs. Douglass submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Selina and Melvin Douglass have sufficient financial resources to provide for the adequate care of the residents, as Mr. Douglass has full time outside employment in addition to the projected income from caring for AFC residents.

Selina and Melvin Douglass acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of Selina Douglass, Licensee, Douglass Home of Love, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours and available to provide care and supervision for the residents for longer durations as needed.

Selina Douglass and Melvin Douglass acknowledged an understanding of the qualification and suitability requirements to provide care to the residents in the home. Selina Douglass provided a copy of her resume which details her 12 years of experience in working with patients at Detroit Sinai Grace Hospital as a Direct Care Technician. Mrs. Douglass also provided documentation of training related to working with disabled adults.

Selina and Melvin Douglass acknowledged an understanding of the responsibility to assess the good moral character of employees as well as obtaining criminal record checks of employees and contractors who have regular, ongoing and direct contact with residents.

Selina and Melvin Douglass acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mr. and Mrs. Douglass acknowledged an understanding that medications will be stored in a locked area/cabinet and that daily medication logs will be maintained on each resident receiving medication.

Selina and Melvin Douglass acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Selina and Melvin Douglass acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, 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.

Selina and Melvin Douglass acknowledged the responsibility to maintain a current resident record on file for each resident in the home as well as a resident register to document all of the residents' admission and discharge dates from the home.

Selina and Melvin Douglass acknowledged an understanding of the administrative rules regarding the handling of resident funds and the requirement to complete the resident funds part I and II forms for each resident.

Selina and Melvin Douglass acknowledged an understanding of the administrative rules regarding informing residents of their resident rights as well as the home admission and discharge criteria.

Selina and Melvin Douglass acknowledged that residents with mobility impairments may not reside on the second floor of the home.

C. 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 the quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of four (4) residents.

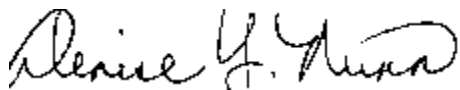


05/16/17

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



05/17/2017

Denise Y. Nunn
Area Manager

Date