



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 22, 2017

Carlita Buffington
Prevision Withstanding
PO Box 44253
Detroit, MI 48244

RE: Application #: AS820385603
Susie's House
1758 Helen
Detroit, MI 48207

Dear Ms. Buffington:

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 3 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

License Application #: AS820385603

Applicant Name: Prevision Withstanding

Applicant Address: 1758 Helen
Detroit, MI 48207

Applicant Telephone #: (313) 483-2188

Administrator/Licensee Designee: Carlita Buffington

Name of Facility: Susie's House

Facility Address: 1758 Helen
Detroit, MI 48207

Facility Telephone #: (313) 355-4175

Application Date: 11/15/2016

Capacity: 3

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/15/2016	Enrollment
11/17/2016	Contact - Document Received application, BCAL-3704 medical clearance request for C. Buffington, Bcal-1326 A record Clearance Request and RI-030 for C. Buffington. Documents/Papers regarding Susie's House Group Home.
11/18/2016	Contact - Document Sent Rules and act sent
11/18/2016	Application Incomplete Letter Sent BCAL-1326 for Tony Davis
12/01/2016	Contact - Document Received bcal-1326 for T. Davis
12/07/2016	Contact - Telephone call received Call about receiving paperwork. I confirmed I have gotten the BCAL-1326
12/07/2016	File Transferred To Field Office Detroit/Wayne
01/03/2017	Application Incomplete Letter Sent
01/04/2017	Contact - Telephone call received Telephone call from applicant, Carlita Buffington. Message left.
01/04/2017	Contact - Telephone call made Telephone call to Carlita Buffington. Discussed items listed on the application incomplete letter.
01/19/2017	Contact - Document Received
02/20/2017	Contact - Telephone call received

Telephone message from Carlita Buffington.

02/27/2017	Contact - Telephone call made Telephone call to Ms. Buffington. On-site inspection scheduled for 3/6.
03/06/2017	Inspection Completed On-site
03/06/2017	Inspection Completed-BCAL Sub. Compliance
03/08/2017	Application Incomplete Letter Sent
03/13/2017	Contact - Document Received Corrective action plan received indicating that Ms. Buffington expects to have the rule violations corrected by 4/30/2017.
05/03/2017	Inspection Completed On-site
05/03/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a three story brick and siding dwelling in a residential neighborhood in the city of Detroit, in Wayne County. The third floor of the facility will not be used for residents. There is adequate space for staff and visitor parking available on the street in front of the facility. The facility has a large living room, a second living area, a dining room, kitchen, three resident bedrooms and a half bath on the 1st floor and a full bath on the second floor. The resident bedrooms are located on the second floor of the facility. The facility utilizes city water supply and sewer system.

The furnace and water heater are located in the basement of the facility. There is no washer or dryer in the facility, however, the provider will be using a laundry service to

wash the resident's clothes. Floor separation between the basement and the main level of the facility is created by a 1 ¾ inch solid wood core door. 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 kitchen, basement and upstairs hallway. 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	12' 0" X 11'8"	141.6	1 Resident
Bedroom # 2	11'6" X 10'6"	122.96	1 Resident
Bedroom # 3	10'5" X 8'4"	88.2	1 Resident
Living Area # 1	13'1" X 13'8"	180.78	
Living Area # 2	13'7" X 12'0"	164.4	

The two living areas measure a total of 345.18 square feet of living space. This exceeds the minimum of 35 square feet per resident. Based on the above information, it is concluded that this facility can accommodate three (3) residents.

The facility can accommodate wheelchairs.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for three (3) male or female residents. The facility will accept adult residents who are developmentally disabled, medically managed, mentally ill, and aged who have a diagnosis of Alzheimer's. The facility has a program specifically geared towards individuals with dementia and Alzheimer's and will also be providing ongoing training to staff for working with these residents. The facility will provide additional safety nets by alarming doors.

The facility will provide residents with the opportunity to participate in recreation and leisure activities which can include games, television, cooking, and activities in the community.

C. Applicant and Administrator Qualifications.

The applicant is Prevision Withstanding Incorporated which is a Domestic Nonprofit corporation established 2/15/2005. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Carlita Buffington is the licensee designee and administrator for the facility. A criminal history clearance was completed on 11/18/2016 for Ms. Buffington and no criminal convictions were found. Carlita Buffington submitted a medical clearance dated 9/10/2016 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Buffington.

The applicant and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Buffington has provided documentation that she has over 10 years of experience in Homed Based Primary Care, Medical Foster Home, Geriatrics and Extended Care and Mental Health: Homeless Programming departments working with the mentally ill, developmentally disabled, aged and Alzheimer's patients.

The staffing pattern for the original license of this 3 bed facility is adequate and includes a minimum of 1 staff for 3 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 the 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 acknowledged the requirement for obtaining a 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.milcpartnership.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 acknowledged the responsibility to obtain all required good moral character, medical, 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 the retention schedule for those documents 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 and understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an 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 reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of three (3) residents.




6/19/2017

Andrea Green
Licensing Consultant

Date

Approved By:



6/22/2017

Ardra Hunter
Area Manager

Date