



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 12, 2017

Andre Lately  
ASPGM LLC  
41830 Carousel  
Novi, MI 48377

RE: Application #: AS820385859  
**All Love Home**  
**28529 PARKWOOD ST**  
**INKSTER, MI 48141**

Dear Mr. Lately:

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 (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 #:** AS820385859

**Licensee Name:** ASPGM LLC

**Licensee Address:** 41830 Carousel  
Novi, MI 48377

**Licensee Telephone #:** (313) 633-6645

**Administrator/Licensee Designee:** Andre Lately

**Name of Facility:** All Love Home

**Facility Address:** 28529 PARKWOOD ST  
INKSTER, MI 48141

**Facility Telephone #:** (734) 855-6841

**Application Date:** 12/08/2016

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

12/08/2016	On-Line Enrollment
12/09/2016	Contact - Document Sent rules and act sent
12/09/2016	Application Incomplete Letter Sent need BCAL 1326 for Andre Lately and un-named administrator
01/04/2017	Contact - Document Received 1326/Fingerprint for Andre Lately as Lic Designee and Administrator
01/05/2017	Application Incomplete Letter Sent Need RI 030 for livescan completed 12/16
01/17/2017	Contact - Document Received RI 030 for Andre Lately
01/18/2017	File Transferred To Field Office Detroit
02/10/2017	Application Incomplete Letter Sent
03/02/2017	Contact - Document Received
05/18/2017	Contact - Telephone call made Telephone call to Andre Lately. Message left.
05/18/2017	Contact - Document Sent 10 day closure letter sent.
05/18/2017	Contact - Telephone call received Telephone call from applicant. Onsite inspection scheduled for 6/6/2017.

06/07/2017	Inspection Completed On-site
06/15/2017	Inspection Completed On-site
06/15/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single story brick and vinyl siding dwelling located in a residential neighborhood in the city of Inkster, in Wayne County. The facility has a paved driveway with a one car detached garage. There is space for staff and visitor parking in the driveway and on the street in front of the facility. The facility has a large living room, a dining area, four resident bedrooms, and two full resident bathrooms. The facility utilizes city water supply and sewer system.

The two furnaces and water heater are located on the main level of the facility. The laundry area is also located on the main level of the facility. The furnaces, water heater and laundry area are enclosed in a room that is constructed of material which has a one hour fire resistance and fire rated door that is equipped with automatic, self -closing, and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the kitchen, living room, laundry/furnace room, bedroom hallway, and all resident bedrooms. The facility is equipped with a fire extinguishers located on the one 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	13.8 X 8'10"	111.78	1 Resident
Bedroom # 2	10'2" X 9'	91.8	1 Resident
Bedroom # 3	10'5" X 8'11"	85.15	1Resident

Bedroom # 4	9'0" X 10'8"	97.2	1 Resident
Bedroom # 5	13.1" X 10'10"	132.31	2 Residents
Living Room	22'10" X 12'3"	271.83	

The living room measures a total of 271.83 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 six (6) residents.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility is wheelchair accessible and will accept residents who are physically handicapped. The facility will also accept residents who are moderate to high functioning developmentally disabled adults and non-violent, medically managed mentally ill adults. The facility will provide the residents with the opportunity to participate in activities which can include card games, movie night, board games, gardening, arts and crafts and computer activities. The residents will also be able to participate in activities in the community which may include, movies, restaurant outings, and local parks, and museums.

## **C. Applicant and Administrator Qualifications**

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from operating an already existing AFC facility.

The applicant is ASPGM LLC, a Domestic Limited Liability Company established in Michigan on 10/7/2016. 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.

Andre Lately is the licensee designee and administrator for this facility. A criminal history clearance was completed on 1/5/2017 for Mr. Lately and no criminal convictions were found. Mr. Lately submitted a medical clearance dated 2/28/2017 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Lately.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Lately provided documentation that he has 13 years of experience operating a

licensed adult foster care facility serving the physically handicapped, mentally ill and developmentally disabled population.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum 1 staff for 6 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.

#### **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 (capacity 6).



7/10/2017

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Andrea Green  
Licensing Consultant

Date

Approved By:



7/12/2017

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Ardra Hunter  
Area Manager

Date