



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 26, 2017

Onajite Toweh
Favored Group Home Inc
18346 15 1/2 Mile Rd
Marshall, MI 49068

RE: Application #: AS820384586
Central Care AFC, Home
322 Central Street
Inkster, MI 48141

Dear Ms. Toweh:

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 Application #:	AS820384586
Applicant Name:	Favored Group Home Inc
Applicant Address:	18346 15 1/2 Mile Rd Marshall, MI 49068
Applicant Telephone #:	(248) 250-4514
Administrator/Licensee Designee:	Onajite Toweh
Name of Facility:	Central Care AFC, Home
Facility Address:	322 Central Street Inkster, MI 48141
Facility Telephone #:	(734) 728-5680 08/24/2016
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/24/2016	Enrollment
08/26/2016	Contact - Document Sent Rules and act sent
08/26/2016	File Transferred To Field Office Detroit/Wayne
09/06/2016	Application Incomplete Letter Sent
04/20/2017	Contact - Telephone call made Telephone call to applicant. No answer.
04/20/2017	Contact - Document Sent 10 day closure letter sent.
04/28/2017	Contact - Document Received Message left from applicant.
05/02/2017	Contact - Telephone call made Telephone call to applicant. She said that she is out of town this week. She will be back next week and will call to schedule and on-site inspection.
05/12/2017	Contact - Telephone call received Telephone call from applicant. Message left.
05/12/2017	Contact - Telephone call made Telephone call to applicant. Message left.
05/15/2017	Contact - Telephone call received Telephone call from applicant. She stated that she is ready for an on-site inspection.
05/26/2017	Inspection Completed On-site

05/26/2017	Inspection Completed-BCAL Sub. Compliance
06/05/2017	Application Incomplete Letter Sent
06/28/2017	Application Complete/On-site Needed
06/28/2017	Inspection Completed On-site
06/28/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Inkster, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has two living areas, a dining room, four resident bedrooms, one full resident bathroom with a wheelchair accessible shower and a basement which is not accessible to residents. The facility has wheelchair ramps at the front and side exits and is wheelchair accessible. 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 fire door located at the top of the stairway. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in all of the resident bedrooms, the living room, front hallway, 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	9'0" X 11'5"	103.5	1 Resident
Bedroom # 2	11'3" X 12'0"	135.6	1 Resident
Bedroom # 3	11'2" X 12' 11"	135.63	2 Residents
Bedroom # 4	12'11" X 11'5"	139.26	2 Residents
Living Area # 1	13'5" X 17'0"	229.5	
Living Area # 2	17'0" X 9'5"	161.5	

The living areas measure a total of 391 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 will accept moderate to high functioning developmentally disabled adults, and medically managed mentally ill adults. The facility will teach and reinforce skills of daily living with the residents. The facility will provide residents with the opportunity to participate in recreational activities in the home as well as field trips and making use of resources in the community.

C. Applicant and Administrator Qualifications

The applicant is Favored Group Home, Inc, a Domestic Profit Corporation established on 7/3/2006. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along income from three active Adult Foster Care facilities and verification of at least 3 months of operating capital available for immediate use.

Onajite Toweh is the licensee designee and administrator for the facility. A criminal history clearance was completed on 8/25/2016 for Ms. Toweh and no criminal convictions were found. Ms. Toweh submitted a medical clearance dated 8/25/2016 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. Toweh.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Toweh provided documentation that she has over 10 years of experience as the licensee designee, and administrator in two active adult foster care homes which are licensed to care for developmentally disabled and mentally ill adults. Ms. Toweh has also provided documentation that she has completed training through the American Academy of CPR and First Aid, NSO and VCE.

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 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 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) 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).



7/24/2017

Andrea Green
Licensing Consultant

Date

Approved By:



7/26/2017

Ardra Hunter
Area Manager

Date