



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 26, 2017

Justina Saye  
26316 Oakland St  
Inkster, MI 48141

RE: Application #: AS820385680  
**Donka Health Care**  
**26316 Oakland St.**  
**Inkster, MI 48141**

Dear Ms. Saye:

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 "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>LicenseApplication #:</b>	AS820385680
<b>Licensee Name:</b>	Justina Saye
<b>Licensee Address:</b>	26316 Oakland St Inkster, MI 48141
<b>Licensee Telephone #:</b>	(313) 221-0509
<b>Administrator/Licensee Designee:</b>	Justina Saye
<b>Name of Facility:</b>	Donka Health Care
<b>Facility Address:</b>	26316 Oakland St. Inkster, MI 48141
<b>Facility Telephone #:</b>	(313) 221-0509 11/29/2016
<b>Application Date:</b>	
<b>Capacity:</b>	3
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

11/29/2016	On-Line Enrollment
11/29/2016	Contact - Document Sent rules and act sent
11/29/2016	Application Incomplete Letter Sent Need Elec.fingerprints RI-030 and BCAL 1326 for J. Saye.
01/24/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Justina Saye
01/24/2017	File Transferred To Field Office Detroit
02/07/2017	Application Incomplete Letter Sent
05/11/2017	Inspection Completed On-site
05/11/2017	Inspection Completed-BCAL Sub. Compliance
05/11/2017	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 Donka Health Care adult foster care facility is located in a residential area of Inkster, MI. It is a two story home, with a basement, and a detached garage. It consists of 3 bedrooms, 2 full bathrooms, a living room, and a kitchen with dining area.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician 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	11.2 X 8.5	94	1
2	12.7 X 9.10	123	1
3	5.2 X 10.8 + 8.3 X 3.2	81	1

The living, dining, and sitting room areas measure a total of 149 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 Three (**6**) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home cannot accommodate wheelchairs.

#### 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 **three** (3) 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: (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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A licensing record clearance request was completed with no lein convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has 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 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. All staff shall be awake during sleeping hours.

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 and the related documents required to be maintained in each employee's 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 adult foster care small/large group home (capacity 1 - 3).



\_\_\_\_\_  
Regina Buchanan  
Licensing Consultant

07/07/2017  
Date

Approved By:



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Ardra Hunter  
Area Manager

07/26/2017  
Date