



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 14, 2017

Jarvara White
Capitol Care, LLC
15564 Lincoln
Eastpointe, MI 48021

RE: Application #: AS820380700
Capitol Care
13118 Wilshire
Detroit, MI 48213

Dear Ms. White:

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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS820380700
Licensee Name:	Capitol Care, LLC
Licensee Address:	13118 Wilshire DETROIT, MI 48213
Licensee Telephone #:	(313) 443-5919
Administrator/Licensee Designee:	Jarvara White
Name of Facility:	Capitol Care
Facility Address:	13118 Wilshire Detroit, MI 48213
Facility Telephone #:	(313) 443-5919 12/11/2015
Application Date:	
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

12/11/2015	On-Line Enrollment
12/15/2015	Application Incomplete Letter Sent needs fingerprints
02/29/2016	Contact - Document Received Copy of online application, BCAL-3704 medical clearance for D.Bell with negative TB testing. BCAL-1326A license record clearances for J.White and D.Bell. D.Bell's 1326 incomplete and not signed.
03/01/2016	Application Incomplete Letter Sent Sent D.Bell 1326 form back incomplete. Sent J.White MSP form to complete and return.
03/01/2016	Contact - Document Received Received another 1326 for J.White with receipt for Live Scan fingerprints. Another incomplete 1326A for D. Bell with fingerprint receipt.
03/02/2016	Application Incomplete Letter Sent Letter number 2 as D. Bell's second 1326 A is not even filled out with a receipt from the live scan fingerprints. Sent second 1326a back with MSP form to fill out and return both.
03/08/2016	Contact - Telephone call made Returned J.White's call regarding letter sent to her. Had to leave a message for her to call back to me. Ms.White did call back and this is an LLC so she needs to fill out a CorpGrp App and send in \$40.00 additional dollars. I requested a copy of the IRS federal tax ID number letter to be returned as well. This is not a family home but a Small group home.
04/27/2016	Lic. Unit file referred for background check review 1326-form/fingerprint hit for J.White to C. Gandhi
04/27/2016	File Transferred To Field Office Detroit/Wayne
06/01/2016	Application Incomplete Letter Sent
03/15/2017	Inspection Completed On-site
03/15/2017	Inspection Completed-BCAL Sub. Compliance
03/31/2017	Contact - Document Received Enrollment documents received.

04/17/2017	<p>Comment</p> <p>Received notification from the applicant, Jarvara White that the landlord/owner of the property died and that she is in the process of trying to purchase the property.</p>
04/25/2017	<p>Comment</p> <p>I received a call from Mrs. White requesting additional time to handle the legal affairs concerning the property and make the repairs outlined in the confirming letter.</p>
07/13/2017	<p>Inspection Completed On-site</p>
07/13/2017	<p>Application Incomplete Letter Sent</p>
08/23/2017	<p>Inspection Completed On-site</p>
08/29/2017	<p>Contact - Telephone call received</p> <p>I received a call from Mrs. White stating that she contacted the head of the estate regarding the property and all legal affairs should be completed in approximately two weeks.</p>
09/05/2017	<p>Contact - Telephone call made</p> <p>I made contact with Mrs. White she stated that she talked to the family of the estate and was informed that the property has been transferred to a trustee. She said she made contact with the trustee and is awaiting legally binding documentation.</p>
09/18/2017	<p>Contact – Documentation Received</p> <p>I received documentation from Mrs. White containing a letter from the trustee. The letter authorizes the trustee to oversee several properties including 13118 Wilshire Detroit, MI.</p>
10/12/2017	<p>Contact – Documentation Received</p> <p>Enrollment documents received.</p>
10/23/2017	<p>Contact - Telephone call made</p> <p>I attempted contact with Carolyn Wright to verify Mrs. White experience. The number was no longer in service.</p>
10/23/2017	<p>Contact - Telephone call made</p> <p>I made contact with Debra Lutz and verified Mrs. White's experience. Ms. Lutz said she was Mrs. White's former supervisor on the patient care unit at Hutzel University Hospital. She said Mrs. White worked for her for approximately 3-4 years. Ms. Kutz said during that time Mrs. White completed activities for daily living</p>

including feeding, dressing, toileting, medical treatment (inserting I.V.'s, vital signs and administering medications. She said the population included adults that were suffering from dual diagnosis and homelessness, dementia, cancer, congested heart failure, developmental disabilities and mental illness.

Let's discuss what information is relevant for your OLSR documentation.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Capitol Care is located in a residential area in the city of Detroit. The bungalow style home has four bedrooms with a kitchen, living room, formal dining room, one bathroom and a detached garage. Although the home has four bedrooms, only two bedrooms will be used for resident sleeping. The home is not wheelchair accessible.

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 in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	11.42 x 11.33	130	2
2	9.25 x 11.25	104.06	1

The living, dining, and sitting room areas measure a total of 406.82 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 (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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, physically handicapped, aged and alzheimer's 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: (Gateway, 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. Rule/Statutory Violations

The applicant is Capitol Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/20/2011. 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.

The Board of Directors of Capitol Care, L.L.C. has submitted documentation appointing Jarvara White as Licensee Designee for this facility and Jarvara White as the Administrator of the facility.

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

The licensee designee and administrator have 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 utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 AFC adult small group home (capacity 3).



11/8/2017

Denasha Walker
Licensing Consultant

Date

Approved By:



11/14/2017

Ardra Hunter
Area Manager

Date