



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 24, 2018

Doris Howard, Licensee
C/O: Eboni Harris
I Care Home Services
PO Box 1104
Dearborn, MI 48121

RE: Application #: AS820386526
I Care Home Services
16610 Wormer
Detroit, MI 48219

Dear Mrs. Howard:

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Suite 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574
enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS820386526
Applicant Name:	I Care Home Services
Applicant Address:	3319 Greenfield #178 Dearborn, MI 48120
Applicant Telephone #:	(313) 418-9490
Administrator/Licensee Designee:	Doris Howard, Designee
Name of Facility:	I Care Home Services
Facility Address:	16610 Wormer Detroit, MI 48219
Facility Telephone #:	(313) 472-5836
Application Date:	01/13/2017
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/13/2017	Enrollment
01/19/2017	Contact - Document Sent Rule & ACT Books
01/19/2017	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Eboni Harris and 1326 for Phyllis Harris-Stephens (Administrator)
02/03/2017	Contact - Document Received 1326/RI 030 for Eboni and 1326 for Administrator Phyllis Harris- Stephens
02/13/2017	File Transferred To Field Office Detroit
02/16/2017	Application assigned to K. Robinson
03/06/2017	Application Incomplete Letter Sent
05/12/2017	Contact - Telephone call made Follow up call with Eboni Harris; Applicant will send supporting documents by Monday
05/24/2017	Contact - Document Received Received some supporting documents
06/15/2017	Inspection Completed On-site Physical plant violations exist
08/10/2017	Inspection Completed On-site More physical plant violations
09/12/2017	Inspection Completed On-site Re-inspection (mattresses not suitable)
09/13/2017	Inspection Completed-BCAL Full Compliance
10/25/2017	Contact - Document Received Owner changed the designee appointment to D. Howard
12/06/2017	Contact - Document Received Received revised policies and Howard's credentials
12/11/2017	Contact - Document Received Received record clearance for new designee

12/11/2017	Contact - Document Sent Sent D. Howard's clearance to C.O. for processing
12/19/2017	Comment bits query indicates Howard cleared on 12/19/17
12/19/2017	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The I Care Home Services home is located in a residential neighborhood on Detroit's west side. This single story home is comprised of 2 bedrooms, 1 full bath, living room, eat-in kitchen, and unfinished basement. There is no garage.

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 the top of the basement stairs. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home cannot accommodate persons who require the regular use of a wheelchair.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.17 X 12	134	2
2	11.42 X 9	103	1

The living and dining areas measure a total of 211 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 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: (BHPI, 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 is I Care Home Services which is a Domestic Nonprofit Corporation was established in Michigan, on 12/19/16. 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 I Care Home Services has submitted documentation appointing Mrs. Doris Howard as Licensee Designee for this facility and Mrs. Doris Howard 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), Identego™ (formerly L-1 Identity Solutions®), 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

