



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 3, 2018

LaJuana Smith  
Purpose Driven Life, LLC  
PO Box 252945  
West Bloomfield, MI 48325

RE: Application #: AS630388846  
**Wish-U-Well Inn**  
**21005 Mada**  
**Southfield, MI 48075**

Dear Ms. Smith:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS630388846
<b>Applicant Name:</b>	Purpose Driven Life, LLC
<b>Applicant Address:</b>	24327 Evergreen Road Southfield, MI 48075
<b>Applicant Telephone #:</b>	(313) 525-2309
<b>Administrator/Licensee Designee:</b>	LaJuana Smith
<b>Name of Facility:</b>	Wish-U-Well Inn
<b>Facility Address:</b>	21005 Mada Southfield, MI 48075
<b>Facility Telephone #:</b>	(313) 525-2309
<b>Application Date:</b>	06/08/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## **II. METHODOLOGY**

06/08/2017	Enrollment Online enrollment
06/09/2017	Contact - Document Sent Rule & Act booklets
06/09/2017	Application Incomplete Letter Sent Rec cl & Livescan request for Lajuana (LD & Admin)
06/28/2017	Contact - Document Received Rec cl & Livescan request for Lajuana (LD & Admin)
07/03/2017	Contact - Document Received Licensing file received from Central office
08/08/2017	Application Incomplete Letter Sent
12/03/2017	Contact - Document Received Application incomplete documents received
03/29/2018	Inspection Completed On-site
04/23/2018	Application Incomplete Letter Sent
04/26/2018	Application Complete/On-site Needed
04/28/2018	Inspection Completed On-site
05/01/2018	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The Wish-U-Well Inn is in a residential area in Southfield, Michigan. Wish-U-Well Inn, is a single family, ranch style home structure with a detached garage, and no basement. The home contains five bedrooms and three and 1/2 bathrooms. The home was built in 1956 and is owned by the Wishing Well AFC Group Home, LLC. The licensee is the owner of the corporation.

The furnace and hot water heater are located on the first floor and is separated from the kitchen with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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' x 9" x 9' 6"	111.63	1
2	8'5" x 9'11"	83.47	1
3	10' 2" x 9'2"	93.19	1
4	10' 4" x 9'9"	100.75	1
5	11'9" x 12'3"	143.94	2

**Total capacity: 6**

The family room, kitchen, dining room and living room were measured during the on-site inspection and have the following dimensions:

	Room Dimensions	Total Square Footage
Family room	3'11" x 12'9"	49.94
Kitchen	13'2" x 9'8"	127.28
Dining Room	15'4" x 12'10"	196.78
Living Room	15'10" x 13'0"	205.83

The family, kitchen living, and dining room areas measure a total of 579.83 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. 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. Wish-U-Well Inn Corporation intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is aged, developmentally disabled, mentally impaired Dementia or Alzheimer's, physically handicapped and developmentally delayed 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.

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 transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational activities. 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**

LaJuana Smith submitted an annual budget on behalf of Wish-U-Well Inn which detailed the projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for LaJuana Smith. LaJuana Smith submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

LaJuana Smith has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. This included her detailed resume and transcripts for CPR/First Aid and Safety and Fire Prevention. LaJuana Smith is has 36 years of experience in the health care industry, as a direct care worker in hospitals, nursing homes, home help care and assisted living facilities. Ms. Smith has previous experience in working with the elderly population as he was employed for two and ½ years at Aleardi's Inn in Farmington Hills where she worked as a direct care worker. Ms. Smith was the owner and operator for TLC Home Aid services, from 2004 – 2010, where she was responsible for the day to day operations of the business and budgeting, payroll, scheduling, inventory and billing. LaJuana Smith's education and work experience qualify her to operate an adult foster care home.

The staffing pattern for the original license of this six (6)-bed facility is adequate and includes a minimum of one (1) staff-to-five (6) residents per shift. All staff shall be awake during sleeping hours.

LaJuana Smith 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 (1) one –to- (6) six resident ratio.

LaJuana Smith 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

LaJuana Smith 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, LaJuana Smith 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. During the on-site inspection, I observed the medication cabinet, which is in the home's office.

LaJuana Smith 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, LaJuana Smith 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 the documents contained within each employee's file.

LaJuana Smith acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. LaJuana Smith indicated that it is their intent to achieve and maintain compliance with these requirements.

LaJuana Smith 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. LaJuana Smith has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

LaJuana Smith acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

LaJuana Smith acknowledges her responsibility to obtain all 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, LaJuana Smith acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

LaJuana Smith acknowledges her 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**

LaJuana Smith 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 1-6).



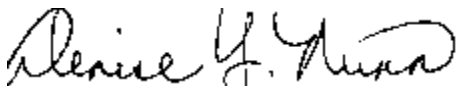
05/01/18

---

Kenyatta Lewis  
Licensing Consultant

Date

Approved By:



05/03/2018

---

Denise Y. Nunn  
Area Manager

Date