



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 31, 2018

Terry Phillips  
28128 Flanders Ave  
Warren, MI 48088

RE: Application #: AF500391861  
Grace And Gratitude Adult Care  
28128 Flanders Ave  
Warren, MI 48088

Dear Ms. Phillips:

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 2 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 cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>Application #:</b>	AF500391861
<b>Applicant Name:</b>	Terry Phillips
<b>Applicant Address:</b>	28128 Flanders Ave Warren, MI 48088
<b>Applicant Telephone #:</b>	(313) 926-7190
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Grace And Gratitude Adult Care
<b>Facility Address:</b>	28128 Flanders Ave Warren, MI 48088
<b>Facility Telephone #:</b>	(313) 926-7190
<b>Application Date:</b>	12/21/2017
<b>Capacity:</b>	2
<b>Program Type:</b>	AGED TRAUMATIC BRAIN INJURY DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

12/21/2017	Enrollment
12/26/2017	PSOR on Address Completed No
12/26/2017	Contact - Document Sent Rules and Acts books
01/03/2018	Contact - Document Received Corrected app; rec cl, RI-030 for Terry; rec cl's for Unique & Lethaniel
01/04/2018	Lic. Unit file referred for background check review Terry - FP's
01/04/2018	Lic. Unit file referred for background check review Lethaniel, Jr.
01/04/2018	Contact - Document Received Received clearance for Lethaniel III
02/06/2018	Contact - Document Received Licensing file received from Central office
02/20/2018	Application Incomplete Letter Sent
06/01/2018	Inspection Completed On-site
06/01/2018	Inspection Completed-BCAL Sub. Compliance
06/12/2018	Application Incomplete Letter Sent
07/10/2018	Contact - Document Received

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

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

The home is located in a suburban community of Sterling Heights, south of Metropolitan Parkway. The facility is a brick ranch style home on a residential lot. The home has a paved driveway, with an attached two-car garage. The living and dining space in the home contains 814 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is not wheelchair accessible.

The bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	12'10" x 10'4"	126 sq. ft.	1
Bedroom #2	11'10" x 12'9"	143 sq. ft.	1

**Total capacity: 2**

## **B. Program Description**

The applicant Terry Phillips, intends to provide 24-hour supervision, protection and personal care to two ambulatory residents whose diagnoses are aged, traumatic brain injury, or developmentally disabled. The program will include social interaction, personal hygiene care and transportation.

## **C. Applicant and Responsible Person Qualifications**

Terry Phillips acknowledges and understands the qualification requirements for the responsible person or volunteers providing care to residents in the home. Ms. Phillips acknowledged and understands it is her responsibility to assess the good moral character of employees and individuals who have regular, ongoing, "direct access" to residents or the resident information or both.

Technical assistance was given 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.

Ms. Phillips acknowledged and understands the administrative rules regarding medication procedures. In addition, Ms. Phillips has indicated that residents' medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Phillips acknowledges it is her responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, Ms. Phillips acknowledges it is her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Phillips acknowledges and understands the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. Ms. Phillips acknowledges and understands the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

Ms. Phillips acknowledges and understands the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. Ms. Phillips indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Phillips acknowledges and understands the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Phillips has indicated it is her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Phillips acknowledges and understands the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Phillips acknowledged it is her responsibility to obtain 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.

Ms. Phillips also acknowledges it is her 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.

Ms. Phillips 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 family home with a capacity of two residents.



7/27/18

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Roeiah Epps  
Licensing Consultant

Date

Approved By:



07/31/2018

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Denise Y. Nunn  
Area Manager

Date