



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 8, 2018

Barbara Davis
16928 Boulder Dr.
Northville, MI 48168

RE: Application #: AF820385798
Davis CTH
16928 Boulder Dr
Northville, MI 48168

Dear Ms. Davis:

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 5 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 #:	AF820385798
Licensee Name:	Barbara Davis
Licensee Address:	16928 Boulder Dr. Northville, MI 48168
Licensee Telephone #:	(734) 266-0594
Administrator/Licensee Designee:	N/A
Name of Facility:	Davis CTH
Facility Address:	16928 Boulder Dr Northville, MI 48168
Facility Telephone #:	(248) 982-5290 12/07/2016
Application Date:	
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/07/2016	On-Line Enrollment
12/08/2016	Contact - Document Sent rules and act sent
12/08/2016	Application Incomplete Letter Sent need BCAL-1326 for B.Davis, Tracey Pollard. RI-030 for Barbara Davis.
12/08/2016	Comment unaffiliated minors: Barbara Adia-Lee Davis and Dontrell Shepherd-Davis.
06/01/2017	Comment 10 day letter mailed
06/12/2017	Contact - Telephone call received Barbra Davis would like to continue application. 1326 and FP forms will be turned in within 10 business days.
06/28/2017	Contact - Document Received 1326, RI-030 FP for Barbara Davis. 1326 for Tracey Pollard
06/28/2017	PSOR on Address Completed
06/29/2017	File Transferred To Field Office Detroit
07/19/2017	Application Incomplete Letter Sent
10/04/2017	Application Complete/On-site Needed
10/04/2017	Inspection Completed On-site
01/11/2018	Inspection Completed On-site Follow-up inspection was completed, sub compliance
03/27/2018	Inspection Completed On-site
03/27/2018	Contact - Document Received Special certification application received.
06/24/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The red brick Cape Cod style home is in a residential area located in Northville, MI. The main floor of the two-story home has a living room, dining room, great room, kitchen, one half bathroom and the master suite with a full bathroom which will be occupied by the licensee. The upper level has an additional family room, one full bathroom and three bedrooms; two of three bedrooms will be occupied by the family. The home also has a full basement with living space including a kitchen, full bathroom and three bedrooms, designated for residents. The home has a three-car attached garage and open backyard.

The home cannot accommodate wheelchairs.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

The living and dining room areas measure a total of 1,082 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Resident bedrooms

Bedroom	Room Dimensions	Square Footage	Resident Beds
East bedroom	10 X 12.17	122	1
West bedroom	19.17 X 11.25	216	2
Southwest bedroom	13 X 12.25	159	1
North bedroom	17.17 x 9.66	166	1

The applicant has requested a license for 5 residents and based on the above information can accommodate 5 residents.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory, male and female adults whose diagnosis is physically handicapped, mentally ill or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

Barbara Davis is the applicant. The applicant lives in the home with her minor grandson and granddaughter. The applicant has designated a responsible person who can be available to supervise the residents in her absence.

Criminal background checks on the applicant and responsible person and members of the household were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant, responsible person and members of the household submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of residents as evidenced by the projected income from caring for AFC residents along with her current outside employment.

The applicant acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicants.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day discharge notice.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home capacity (5).



7/16/2018

Denasha Walker
Licensing Consultant

Date

Approved By:



8/8/2018

Ardra Hunter
Area Manager

Date