



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 4, 2019

Jean Nyambio
Detroit Family Home, INC.
Suite 202
17356 W. 12 Mile Road
Southfield, MI 48076

RE: Application #: AS820394649
Detroit Family Homes
15821 Kentucky
Detroit, MI 48238

Dear Mr. Nyambio:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820394649

Applicant Name: Detroit Family Home, INC.

Applicant Address: Suite 202
17356 W. 12 Mile Road
Southfield, MI 48076

Applicant Telephone #: (313) 270-7751

Administrator/Licensee Designee: Jean Nyambio

Name of Facility: Detroit Family Homes

Facility Address: 15821 Kentucky
Detroit, MI 48238

Facility Telephone #: (313) 270-7751
06/12/2018

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

06/12/2018	Enrollment Originally submitted app. and fee on 3/12/2018 for AM incorrectly. Switched to AS.
06/12/2018	Application Incomplete Letter Sent 1326 and 100 for Jean.
06/25/2018	Contact - Document Received 1326 and 100 for Jean
06/25/2018	File Transferred to Field Office Detroit
07/17/2018	Application Incomplete Letter Sent
09/20/2018	Inspection Completed-BCAL Sub. Compliance
11/08/2018	Corrective Action Plan Received
11/29/2018	Inspection Completed-BCAL Full Compliance
11/29/2018	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Detroit Family Adult Foster Care Home is in a residential area in Detroit. The home is a two-story structure with a full basement with no garage. The first floor of the home consists of a dining room, living room, 1 full bathroom, and 3 bedrooms. The second floor consists of a dining room, living room, 1 full bath, kitchen and 2 bedrooms.

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 cannot accommodate wheelchairs. The home has public water and sewer and is in compliance with environmental health rules. The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1 1 st Fl	11.3 X 8.3	92	1
Bedroom 2	10.2 X 10.3	104	1
Bedroom 3	12.3 X 11.9	143	2
Bedroom 4 2 nd Fl	10.2 X 10.3	92	1
Bedroom 5	12.3 X 11.9	143	1

The living room and dining room areas measure a total of 622 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. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults with one or more of the following diagnoses aged, Alzheimer, developmentally disabled or mentally impaired. 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: mental health agencies, hospitals and private pay.

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 Detroit Family Home Inc., which is a “Domestic Non-Profit Corporation” and was established in Michigan, on 06/18/2015. 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.

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

The licensee/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 six-bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift and will be adjusted to accommodate the needs of residents. 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.

VI. RECOMMENDATION

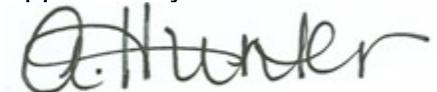
I recommend issuance of a temporary license to this adult foster care group home (capacity 1-6).



Edith Richardson
Licensing Consultant

01/16/2019
Date

Approved By:



02/04/2019

Ardra Hunter

Date

Area Manager