



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 1, 2019

Akisha Clark  
15381 Littlefield  
Detroit, MI 48221

RE: Application #: AF820395861

**Umoja**  
**15381 Littlefield**  
**Detroit, MI 48221**

Dear Ms. Clark:

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 4 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 that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF820395861
<b>Applicant Name:</b>	Akisha Clark
<b>Applicant Address:</b>	15381 Littlefield Detroit, MI 48221
<b>Applicant Telephone #:</b>	(313) 272-1321
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Umoja
<b>Facility Address:</b>	15381 Littlefield Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 403-2800
<b>Application Date:</b>	08/20/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

08/20/2018	Enrollment App submitted 8/16/18 did not download
08/20/2018	Contact - Document Sent Rules and Acts books
08/20/2018	PSOR on Address Completed NO
08/20/2018	Application Incomplete Letter Sent 1326, RI-030, FP for Akisha. 100 for Georgia,
10/24/2018	Contact - Document Received 1326, RI-030, and FP for Akisha. 100 for Georgia.
11/07/2018	Contact - Telephone call received Akisha called to inform her address had been updated.
11/07/2018	File Transferred to Field Office Detroit
11/30/2018	Application Incomplete Letter Sent
11/30/2018	Contact - Document Sent
02/08/2019	Inspection Completed On-site
02/08/2019	Inspection Completed-BCAL Sub. Compliance
03/15/2019	Inspection Completed On-site
03/20/2019	Application Complete/On-site Needed

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Plant

The Umoja home is located in a residential area in Detroit. The two story white and brown brick, colonial home has a full basement and detached garage. The first floor of the home consists of a living room, dining room, kitchen, one full bathrooms and two bedrooms. The second floor of the home consist of two bedrooms and a one full bathroom.

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 smoke alarm system that is hardwired into the home's electrical system. The smoke alarm system 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 living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room  $\underline{11.17} \times \underline{19.58} = \underline{218.71}$  sq. ft.

Dining room  $\underline{11.25} \times \underline{12.92} = \underline{145.35}$  sq. ft.

#### Resident bedrooms

##### Downstairs Bedrooms

Northwest bedroom  $\underline{11.17} \times \underline{9.58} = \underline{107}$  sq. ft. (1 resident)

East bedroom  $\underline{11.17} \times \underline{9.75} = \underline{108.91}$  sq. ft. (1 resident)

##### Upstairs Bedrooms

Southwest bedroom  $\underline{13.58} \times \underline{9.58} = \underline{202.63}$  sq. ft. (2 resident)  
 $\underline{5.58} \times \underline{13}$

The applicant has requested a license for 4 residents and based on the above information can accommodate 4 residents.

### **B. Administration/Program/Resident Care/Records**

#### **1. Population to be Served & Admission Criteria**

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory, male and female adults whose diagnosis is aged and 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.

## **2. Applicant and Household**

Akisha Clark is the applicant. The applicant lives in the home alone. The applicant has designated a responsible person who can be available to supervise the residents in the applicants absence.

## **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

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

The applicant submitted financial information and based on this information meets the requirements for financial stability and capability.

## **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

The supervision of residents in this family home licensed for ( 4 ) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or any additional staff or volunteers 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.

## **5. Records & Record Keeping**

The applicant acknowledges 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 acknowledges 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 when a resident can be discharged before the issuance of a 30-day written discharge notice.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 4). The terms of the license will enable the licensee to operate an adult foster care home for residents (developmentally delayed and aged).



03/21/2019

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Shatonla Daniel  
Licensing Consultant

Date

Approved By:



04/01/2019

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Ardra Hunter  
Area Manager

Date