



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 12, 2019

Bridgett Malek  
RGRPS.  
30999 W 10 Mile Road  
Farmington Hills, MI 48336

RE: Application #: AS820397468  
**Marquette II**  
**1608 Belton St.**  
**Garden City, MI 48135**

Dear Ms. Malek:

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 cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820397468
<b>Licensee Name:</b>	RGRPS.
<b>Licensee Address:</b>	30999 W 10 Mile Road Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(248) 477-5209
<b>Administrator/Licensee Designee:</b>	Garin Ingram/Bridgett Malek
<b>Name of Facility:</b>	Marquette II
<b>Facility Address:</b>	1608 Belton St. Garden City, MI 48135
<b>Facility Telephone #:</b>	(734) 458-5178 11/30/2018
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

11/30/2018	On-Line Enrollment
12/03/2018	Contact - Document Sent Acts book
12/11/2018	Contact - Telephone call received Spoke with Licensee Designee. Scott will not be the Licensee Designee.
12/17/2018	Contact - Document Received 1326 for Bridget. 100 for Garin.
12/17/2018	Lic. Unit file referred for background check review
12/19/2018	File Transferred To Field Office Detroit
01/15/2019	Application Incomplete Letter Sent
02/07/2019	Contact - Document Received Enrollment packet received.
02/27/2019	Contact - Telephone call made Telephone call to schedule on-site inspection. Message left.
03/06/2019	Inspection Completed On-site
03/06/2019	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single- story brick and siding dwelling with a two car garage located in a residential neighborhood in the city of Garden City, in Wayne County. The facility has a double paved driveway for staff and visitor parking. The facility has two living areas, a dining area, four resident bedrooms, and two full resident bathrooms. The facility has wheelchair ramps at the front door, the family room exit and the bedroom hallway exit. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in an enclosed room on the main level of the facility. The room is constructed of material that has a 1- hour fire resistance rating, with a solid wood core door that is hung in a fully stopped frame and equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedrooms, hallway, living room, kitchen, and laundry area. The facility is equipped with three fire extinguishers which are located in the kitchen, bedroom hallway and garage.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	15'0" X 11'0"	165.0	1 Resident
Bedroom # 2	15'0" X 11'0"	165.0	2 Residents
Bedroom # 3	15'0" X 11'0"	165.0	2 Residents
Bedroom # 4	15'0" X 11'0"	165.0	1 Resident
Living Area # 1	15'0" X 12'5"	187.5	
Living Area # 2	15'5" X 12'5"	198.75	

The living areas measure a total of 381.25 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.

This facility is wheelchair assessable.

## **B. Program Description**

The facility will provide 24-hour supervision, protection, and personal care for six (6) male or female residents. The facility will accept developmentally disabled adults. The facility will teach and/or reinforce skills in dressing, grooming, eating, bathing, toileting, and following simple directions. Programs will also be directed towards increasing small and large motor development and towards improving daily living skills in the home, learning where possible, routine household tasks such as food preparation, cleaning, laundry and household shopping. Transportation will be provided utilizing a full size van. The facility will also provide residents with the opportunity to participate in recreational activities in the home as well as making use of resources in the community.

## **C. Applicant and Administrator Qualifications**

The applicant is Rgrps, Inc., a Domestic Non-Profit Corporation established on 4/10/1978. The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with their Year end financial statement and verification of at least 3 months of operating capital available for immediate use.

Bridgett Malek is the licensee designee for the facility. A criminal history clearance was completed on 12/17/2018 for Ms. Malek and no criminal convictions were found. Ms. Malek submitted a medical clearance dated 12/5/2018 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Malek.

Garin Ingram is the administrator for the facility. A criminal history clearance was completed on 12/17/2008 and no criminal convictions were found that would prevent Mr. Ingram for serving as the administrator. Mr. Ingram submitted a medical clearance dated 12/7/18 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Ingram.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Malek provided documentation that she has well over the required one year of experience required working with individuals with developmental disabilities as a direct care staff, and manager. Ms. Malek also provide documentation that she has completed training through the American Red Cross, Detroit Wayne Mental Health Authority and Community Living Services. Mr. Ingram provided documentation that he has well over the one year of experience required working as a direct care staff with developmentally disabled individuals. Mr. Ingram also provided documentation that he has completed training through the Detroit Wayne Mental Health Authority, Community Living Services, and the Health and Safety Institute.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow up the retention schedule for those document contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends 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 applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with the Quality of care rules will be assessed during the period of temporary licensing via on-site inspections.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



5/28/2019

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Andrea Green  
Licensing Consultant

Date

Approved By:



6/12/2019

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Ardra Hunter  
Area Manager

Date