



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 2, 2019

Antoinette Heard  
Jades Adult Foster & Mental Health  
20280 Kentfield  
Detroit, MI 48219

RE: Application #: AS820391838  
**Peace Home**  
**20255 Evergreen**  
**Detroit, MI 48219**

Dear Ms. Heard:

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 (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read "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>	AS820391838
<b>Applicant Name:</b>	Jades Adult Foster & Mental Health
<b>Applicant Address:</b>	20280 Kentfield Detroit, MI 48219
<b>Applicant Telephone #:</b>	(248) 376-7008
<b>Administrator/Licensee Designee:</b>	Antoinette Heard
<b>Name of Facility:</b>	Peace Home
<b>Facility Address:</b>	20255 Evergreen Detroit, MI 48219
<b>Facility Telephone #:</b>	(313) 334-9879
<b>Application Date:</b>	12/15/2017
<b>Capacity:</b>	2
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/15/2017	Enrollment
12/20/2017	Contact - Document Sent Rules and Acts books
12/20/2017	Application Incomplete Letter Sent 1326, RI-030, FP for Antoinette
01/19/2018	Contact - Document Received 1326, RI-030, FP for Antoinette
01/19/2018	File Transferred To Field Office Detroit
02/07/2018	Application Incomplete Letter Sent
06/25/2018	Contact - Document Received Order of dismissal received regarding Antoinette Heard.
08/21/2018	Contact - Document Sent 30 day closure letter sent to applicant.
09/05/2018	Contact - Telephone call received Telephone call from Antoinette Heard. She is working on getting requested documents before the 30 days are past.
09/24/2018	Contact - Telephone call received Telephone call from applicant. She left a message stating that she had dropped off the requested documents.
11/08/2018	Contact - Telephone call made Telephone call to applicant, Antoinette Heard. Message left.
11/13/2018	Contact - Telephone call received Telephone call from applicant.

11/13/2018	Contact - Telephone call made Telephone call to applicant Antoinette Heard. She stated she will have the rest of the requested documents in the next 4 weeks.
01/14/2019	Contact - Document Sent Email to applicant regarding changes to discharge policy.
01/22/2019	Contact - Telephone call made Telephone call to Antoinette Heard. Onsite inspection scheduled for 1/28/19
02/01/2019	Inspection Completed On-site
02/01/2019	Inspection Completed-BCAL Sub. Compliance
02/01/2019	Application Incomplete Letter Sent
03/19/2019	Contact - Document Sent 10 day closure letter sent to applicant by email.
03/19/2019	Contact - Telephone call made Telephone call to Antoinette Heard. Message left asking her to contact me regarding her enrollment.
03/28/2019	Inspection Completed on-site
03/28/2019	Inspection Completed on-site – Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story brick dwelling located in a residential neighborhood in the city of Detroit, in Wayne County. The facility has a paved driveway for staff and visitor parking. The facility has a living room, dining area, two resident bedrooms, and a resident bathroom on the main floor of the home. Residents will not be allowed to use the second floor bedroom because there is no bathroom on the second floor. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a fire door located at the top of the stairway. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with smoke detectors located in the resident bedrooms, hallway, living room and basement area. The facility is equipped with fire extinguishers which are located on each level of the facility.

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

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	10'0" X 10'8"	108.0	1 Resident
Bedroom # 2	11'1" X 8' 6"	95.46	1 Resident
Living Room	11'1" X 17'1"	189.81	

The living area measures a total of 189.81 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 two (2) residents.

#### B. Program Description

The facility will provide 24-hour supervision, protection and personal care for two (2) male or female residents. The facility will accept moderate to high functioning developmentally disabled adult and medically managed mentally ill adults. The facility will teach and reinforce skills of daily living with the residents. The facility will 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 Jades Adult Foster & Mental Health Services, a Domestic Nonprofit Corporation established on 8/10/2019. 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 and verification of at least 3 months of operating capital available for immediate use.

Antoinette Heard is the licensee designee and administrator for the facility. A criminal history clearance was completed on 1/19/2018 and no criminal convictions were found. Ms. Heard submitted a medical clearance dated 9/20/2018 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. Heard.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Heard provided documentation that she has 2 years of experience working with developmentally disabled and mentally ill adults. Ms. Heard has also provided documentation that she has completed training through the National CPR Foundation, Detroit Wayne Mental Health Authority, MALA and Training Program Specialist, LLC.

The staffing pattern for the original license of this 2- bed facility is adequate and includes a minimum of 1 staff for 2 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 t 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 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 2).



07/02/2019

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Andrea Green  
Licensing Consultant

Date

Approved By:



07/02/2019

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Ardra Hunter  
Area Manager

Date