



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 24, 2019

Alisha Hill  
26800 Emma Ave  
FLATROCK, MI 48134

RE: Application #: AS820396402  
**Helping Others Live Together Group Home**  
**9948 Vaughan St**  
**Detroit, MI 48228**

Dear Ms. Hill:

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 "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>	AS820396402
<b>Licensee Name:</b>	Alisha Hill
<b>Licensee Address:</b>	26800 Emma Ave Flatrock, MI 48134
<b>Licensee Telephone #:</b>	(313) 208-8812
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Helping Others Live Together Group Home
<b>Facility Address:</b>	9948 Vaughan St Detroit, MI 48228
<b>Facility Telephone #:</b>	(313) 208-8812
<b>Application Date:</b>	09/20/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODOLOGY

09/20/2018	On-Line Enrollment
09/21/2018	Contact - Document Sent Rules and Acts books
10/29/2018	Contact - Document Received 1326, RI-030, FP, and 100 for Arlisha Hill.
10/29/2018	Lic. Unit file referred for background check review
10/30/2018	File Transferred To Field Office Detroit
12/06/2018	Application Incomplete Letter Sent
01/22/2019	Contact - Telephone call made Telephone call to applicant. Message left.
01/24/2019	Contact - Document Received Enrollment documents received.
02/19/2019	Contact - Telephone call made Telephone call to applicant. Discussed documents received. Applicant will make changes and forward corrected documents.
03/22/2019	Contact - Document Received Additional documents received.
06/13/2019	Contact - Telephone call made Telephone call to applicant. On-site inspection scheduled for 6/19.
06/19/2019	Inspection Completed On-site
06/19/2019	Inspection Completed-BCAL Sub. Compliance

09/24/2019 Inspection Completed On-site

09/24/2019 Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story home located in a residential neighborhood of Detroit, in Wayne County. The facility has a paved driveway and street parking for staff and visitor parking. The facility has a living room, dining room, three resident bedrooms and two full resident bathrooms. The facility utilizes city water supply and sewer system.

The furnace and hot water 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 facility is equipped with interconnected smoke detectors located in the kitchen back hallway, upstairs bedroom hallway, and the basement of the facility. 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	9'11" X 10'9"	106.64	1 Resident
Bedroom # 2	10'7" X 9'11"	104.95	1 Resident
Bedroom # 3	14'0" X 11'10"	165.62	2 Residents
Living Room	12'0" X 18'0"	216.00	

The living area measures a total of 216 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 four (4) residents.

The facility is not wheelchair accessible.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for four (4) male or female residents. The facility will accept medically managed mentally ill adults and aged adults. The facility will provide residents with the opportunity to participate in recreational activities in the home as well as making use of available resources in the community.

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

The applicant is Arlisha Hill an individual. A criminal history clearance was completed on 10/29/2018 for Ms. Hill and no criminal convictions were found that would prevent Ms. Hill from working with dependent adults. Ms. Hill submitted a medical clearance dated 12/10/2018 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. Hill.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Hill provided documentation that she has over a year of experience working as a direct care staff to an individual in his home who was elderly and also had a mental illness diagnosis. Ms. Hill also provided documentation that she has completed training through Everest Institute, Trainings and Treatment Innovations, Wayne County Community College, CMH Oakland County and American Heart Association.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff for 4 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 the 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.

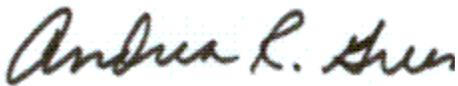
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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 4).



10/23/2019

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Andrea Green  
Licensing Consultant

Date

Approved By:



10/24/2019

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Ardra Hunter  
Area Manager

Date