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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2020

Theodore DeVantier
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt. Clemens, MI 48043

RE: Application #: AS580401443
Hendricks Home
1117 John L
Monroe, MI 48162

Dear Mr. DeVantier:

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.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS580401443

Applicant Name: Macomb Residential Opportunities Inc.

Applicant Address: Suite #102
14 Belleview
Mt. Clemens, MI 48043

Applicant Telephone #: (586) 469-4480

Administrator/Licensee Designee: Theodore DeVantier

Name of Facility: Hendricks Home

Facility Address: 1117 John L
Monroe, MI 48162

Facility Telephone #: (734) 244-5309

Application Date: 08/29/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/29/2019	Enrollment
08/30/2019	Contact - Document Received 1326 for Ted DeVantier
08/30/2019	Application Incomplete Letter Sent RI030/fingerprints for Ted DeVantier
10/02/2019	Contact - Document Received RI030 and 1326 for Ted Devantier
10/09/2019	Application Incomplete Letter Sent
10/21/2019	SC-Application Received - Original
11/18/2019	Contact - Document Received Received incomplete application documents.
11/18/2019	Contact - Document Sent Email sent to licensee designee Mr. DeVantier requesting documents not received.
11/20/2019	Contact - Face to Face Went to Macomb Residential Opportunities office and picked up previously requested documents.
01/07/2020	Contact - Document Sent Email sent to Mr. DeVantier Inquiring about who the administrator will be and requesting information so that he/she can be credentialed.
01/15/2020	Contact - Document Received Received additional documents to credential administrator.
01/15/2020	Application Complete/On-site Needed

01/23/2020 Inspection Completed-BCAL Sub. Compliance

02/14/2020 Inspection Completed-BCAL Full Compliance

02/18/2020 SC-Recommend DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hendricks Home is located in the city and county of Monroe. The exterior of the home is brown brick with white aluminum siding and sits on a large lot. The home is a ranch-style structure that has an open floor plan and a newly updated kitchen and large family room/sitting area. The home has three bedrooms and two full bathrooms. One of the bathrooms is located inside a resident bedroom and will be used solely by the two residents who will occupy that bedroom. The living, dining, and sitting areas measure a total of 446 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home also has a paved driveway with a two-car attached garage that houses the furnace and hot water tank.

The home is not wheelchair accessible so residents who require the regular use of a wheelchair will not be admitted.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2"x13'9"	167 sq. ft.	2
2	13'5"x13'9"	185 sq. ft.	2
3	13'6"x13'11"	188 sq. ft.	2

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 whose diagnosis is developmentally disabled and physically handicapped, in the least restrictive environment possible. 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 Monroe County Community Mental Health Authority.

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 Macomb Residential Opportunities Inc., Inc., which is a "Non-Profit Corporation" that was established in Michigan, on 02/12/1982. 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.

The Board of Directors of Macomb Residential Opportunities Inc. has submitted documentation appointing Theodore DeVantier as Licensee Designee for this facility and Elizabeth Wilkerson as the Administrator of the facility.

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

The licensee designee and 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 6-bed facility is adequate and includes a minimum of 2 staff -to- 6 residents per shift. The staffing pattern may change based on the needs of the residents. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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 licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

02/21/2020
Date

Approved By:



02/24/2020

Ardra Hunter
Area Manager

Date