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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 21, 2021

Antonio Ball
Ball Union, L.L.C.
Ste.642
29155 Northwestern Hwy.
Southfield, MI 48034

RE: Application #: AS820405284
Ball Home
15875 Ohio
Detroit, MI 48238

Dear Mr. Ball:

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 5 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

License #:	AS820405284
Licensee Name:	Ball Union, L.L.C.
Licensee Address:	Ste.642 29155 Northwestern Hwy. Southfield, MI 48034
Licensee Telephone #:	(313) 657-4282
Administrator/Licensee Designee:	Antonio Ball, Designee
Name of Facility:	Ball Home
Facility Address:	15875 Ohio Detroit, MI 48238
Facility Telephone #:	(313) 657-4282
Application Date:	08/05/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/05/2020	On-Line Enrollment
08/06/2020	Contact - Document Sent forms sent
09/24/2020	Contact - Document Received AFC 100, 1326, RI030 and IRS LTR
09/24/2020	Lic. Unit file referred for background check review Given to C. Pilarski
09/28/2020	Contact - Document Received Updated app
10/28/2020	Application Incomplete Letter Sent
12/16/2020	Contact - Telephone call made Mr. Ball expects to be sending the required documents in the next two weeks.
01/06/2021	Contact - Document Received Enrollment documents received.
02/01/2021	Contact - Telephone call made Telephone call to Mr. Ball regarding changes needed to documents.
02/01/2021	Contact - Document Sent Enrollment documents returned to Mr. Ball
03/25/2021	Contact - Telephone call made Mr. Ball should have the corrected documents completed by the beginning of next week.
05/12/2021	Contact - Document Received Renewal documents resubmitted.

06/01/2021	Contact - Telephone call made Telephone to Mr. Ball to discuss changes that need to be made to the enrollment documents he provided.
11/10/2021	Inspection Completed On-site
11/10/2021	Inspection Completed-BCAL Sub. Compliance
12/09/2021	Inspection Completed On-site
12/10/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story brick and siding dwelling located in a residential neighborhood in the city of Detroit, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has a living room, dining room, kitchen, three resident bedrooms and 1 full bathroom. 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 located on the first floor of the home off the kitchen and is equipped with an electric dryer. Floor separation between the basement and the main level of the facility is created by a fire door 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 an interconnected smoke detection system. Smoke detectors are located in the hallway off the kitchen, the basement and in the three resident bedrooms upstairs. 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	11'10" X 11'11"	141.01	2 Residents

Bedroom # 2	9'08" X 15'03"	147.31	2 Residents
Bedroom # 3	8'05" X 12'10"	108.02	1 Resident
Living Room	16'7" X 10'07"	175.41	

The living areas measured a total of 174.09 square feet of living space. This meets the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate five (5) residents.

This facility is not wheelchair accessible.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for five (5) male residents. The facility will accept moderate to high functioning developmentally disabled adults, and medically managed mentally ill adults. The facility will provide residents with the opportunity to participate in recreational and social activities in the home and well as making use of resources in the community.

C. Applicant and Administrator Qualifications

The applicant is Ball Union LLC a Domestic Limited Liability Company established on 05/19/2019. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from an active Adult Foster Care facility and verification of at least 3 months of operating capital available for immediate use.

Antonio Ball is the licensee designee for the facility. A criminal history clearance was completed on 9/24/2020 for Mr. Ball and no criminal convictions were found. Mr. Ball submitted a medical clearance dated 10/5/2021 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current TB test was also obtained for Mr. Ball.

Zandra Porter is the administrator for the facility. A criminal history clearance was completed on 9/24/2020 and no criminal convictions were found. Ms. Porter submitted a medical clearance dated 1/6/2020 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. Porter.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Both the applicant and administrator provided documentation of over 20 years of experience operating a licensed AFC home working with developmentally disabled and

mentally ill adults. Both the applicant and administrator provided documentation that they have completed training through Detroit Wayne Integrated Health Network, Wayne Center, and ECSI (Emergency Care & Safety Institute).

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum 1 staff for 5 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) 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 level 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 inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1 – 5).



12/13/2021

Andrea Green
Licensing Consultant

Date

Approved By:



12/21/2021

Ardra Hunter
Area Manager

Date