



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 19, 2023

Immaculata Nwachukwu
Friman Homes Inc
Suite A-7
42000 Koppernick Road
Canton, MI 48187

RE: Application #: AS820412578
Huron River Home
901 West Huron River Dr.
Belleville, MI 48111

Dear Mrs. Nwachukwu:

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820412578
Applicant Name:	Friman Homes Inc
Applicant Address:	8281 Barrington Drive Ypsilanti, MI 48198
Applicant Telephone #:	(734) 254-0092
Administrator/Licensee Designee:	Immaculata Nwachukwu, Designee
Name of Facility:	Huron River Home
Facility Address:	901 West Huron River Dr. Belleville, MI 48111
Facility Telephone #:	(734) 391-7000
Application Date:	04/26/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/26/2022	Enrollment
05/05/2022	Application Incomplete Letter Sent AFC 100. 1326, updated application
05/05/2022	Contact - Document Sent forms sent
06/02/2022	Contact - Document Received Updated app, AFC 100, 1326
06/22/2022	PSOR on Address Completed
06/22/2022	License Unit file referred for background check review
07/12/2022	File Transferred To Field Office
07/12/2022	Comment App assigned to K. Robinson for processing
07/20/2022	Application Incomplete Letter Sent
09/08/2022	Inspection Completed On-site Physical plant violations exist.
12/07/2022	Inspection Completed-BCAL Full Compliance Physical plant approved.
12/07/2022	Contact - Document Received Supporting documents
12/07/2022	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Huron River Home is nestled on a main road in a residential neighborhood near several local businesses and public high school. The home is a ranch structure with 3 bedrooms, 2 full bathrooms, kitchen, living room, dining room, separate staff office that sits off the dining room, and an attached garage. The home does not have a basement. Medication is kept in a locked closet in the kitchen. The home also has a sprinkler system in the living room that is not in use.

The furnace and hot water heater are in a room enclosure that can only be accessed from the backyard. The fire door is constructed of steel material that has a 90-minute fire-resistant rating and automatic closure. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **can** accommodate persons who require the regular use of a wheelchair; no ramps were required based on the design of this single-story home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.83 x 16.5	179	2
2	16.83 x 11.08	186	2
3	11.08 x 16.92	187	2

The living room and dining room areas measure a total of 528 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. 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, personal care, and protection to **six (6)** male or female adults ages 18-80 whose diagnosis is **developmentally disabled or mentally impaired**, 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: (Community Mental Health Partners).

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 Friman Homes, Inc., which is a Domestic Nonprofit Corporation was established in Michigan, on 8/9/95. 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 Friman Homes, Incorporated has submitted documentation appointing Immaculata Obioma Nwachukwu as Licensee Designee for this facility and Immaculata Obioma Nwachukwu 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 1:2 for wheelchair residents and 1:6 for Non wheelchair residents based on supporting documentation submitted by the licensee designee at the time of licensure. All staff shall be awake during sleeping hours.

The applicant 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 applicant 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), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The applicant 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 applicant 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 applicant 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 small AFC group home (capacity 1-6).



1/18/23

Kara Robinson
Licensing Consultant

Date

Approved By:



1/19/23

Ardra Hunter
Area Manager

Date