



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 19, 2023

Shawn Brown  
Domel Inc  
Suite 112  
39293 Plymouth Road  
Livonia, MI 48150

RE: Application #: AS820414053  
**West Home**  
**23033 Arsenal**  
**Flat Rock, MI 48134**

Dear Mr. Brown:

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 "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**

<b>License #:</b>	AS820414053
<b>Applicant Name:</b>	Domel Inc
<b>Applicant Address:</b>	Suite 112 39293 Plymouth Road Livonia, MI 48150
<b>Applicant Telephone #:</b>	(734) 632-0125
<b>Administrator/Licensee Designee:</b>	Shawn Brown
<b>Name of Facility:</b>	West Home
<b>Facility Address:</b>	23033 Arsenal Flat Rock, MI 48134
<b>Facility Telephone #:</b>	(313) 903-7815
<b>Application Date:</b>	08/29/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

08/29/2022	Enrollment
09/08/2022	PSOR on Address Completed
09/08/2022	Application Incomplete Letter Sent 1326-A and RI030
09/12/2022	Contact - Document Received 1326A, RI-030, and fingerprints.
09/26/2022	Application Incomplete Letter Sent
10/06/2022	Contact - Document Received Policies and Procedures.
10/31/2022	Contact - Document Sent Email sent to licensee designee, Shawn Brown, requesting documents not received and revisions to some documents received.
11/14/2022	Contact - Document Received Updated policies and procedures received.
11/14/2022	SC-Application Received - Original
11/14/2022	Application Complete/On-site Needed
12/09/2022	Inspection Completed On-site
12/09/2022	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

West Home is located in the city of Flatrock and the county of Wayne. The home is a reddish-brown all brick ranch style home situated on a large lot. The home has a two-car attached garage with a large, cemented driveway that provides for ample parking. The home consists of 4 bedrooms and 2 full bathrooms. The home has an open floor plan and is spacious. The living, family and dining rooms measure a total of 641 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is licensed for residents who require the regular use of wheelchairs. The home is ground level and provides unobstructed access and egress.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4-inch solid core door that has an automatic self-closing device and positive latching hardware. The facility is also 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	15' x 10'9"	161 sq. ft.	2
2	15' x 10'8"	160 sq. ft.	2
3	15' x 10'11"	164 sq. ft.	2
4	15' x10'10"	162 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, personal care in addition to room and board to **six (6)** male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled and/or 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, if necessary.

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 applicant 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 Domel Inc, Inc., which is a Non-Profit Corporation that was established in Michigan, on 03/31/1980. 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 Domel Inc. has submitted documentation appointing Shawn Brown as Licensee Designee and Administrator of this 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. All staff shall be awake during sleeping hours. The licensee designee is aware that the staffing pattens could change based on the needs of the residents.

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](http://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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

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



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Pandrea Robinson  
Licensing Consultant

01/19/23  
Date

Approved By:



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Ardra Hunter  
Area Manager

01/19/23  
Date