



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 12, 2024

TaTanisha Reed  
Suite 210  
24151 Telegraph Rd.  
Southfield, MI 48033

RE: Application #: AS820415643  
**MI Casa Su Casa**  
**Detroit**  
**20445 Stansbury**  
**Detroit, MI 48235**

Dear Mr./Ms. Reed:

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 3 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 "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820415643
<b>Licensee Name:</b>	TaTanisha Reed
<b>Licensee Address:</b>	18999 Capitol DR. Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 372-0312
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	MI Casa Su Casa
<b>Facility Address:</b>	20445 Stansbury Detroit, MI 48235
<b>Facility Telephone #:</b>	(248) 372-0312
<b>Application Date:</b>	02/13/2023
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/13/2023	On-Line Enrollment
02/15/2023	PSOR on Address Completed
02/15/2023	Contact - Document Sent forms sent
03/21/2023	Contact - Document Received Ri030, AFC 100
03/21/2023	Contact - Document Sent app inc requesting 1326
04/25/2023	Contact - Document Received 1326 & RI030
05/15/2023	Application Complete/On-site Needed
05/15/2023	Contact - Document Sent
07/12/2023	Contact - Telephone call made
08/17/2023	Inspection Completed On-site
08/17/2023	Inspection Completed On-site
08/17/2023	Inspection Completed-BCAL Sub. Compliance
09/27/2023	Inspection Completed On-site
10/18/2023	Inspection Completed-BCAL Full Compliance
11/30/2023	Contact - Document Sent Requesting enrollment documents needed via email
01/11/2024	Technical Assistance Enrollment documents
01/30/2024	Contact - Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Mi Casa Su Casa home is located in the city of Detroit. The taupe bungalow home has aluminum siding and brick with three resident bedrooms and one resident bathroom on the main floor. The home has an open floor plan which contains the living and dining area and the kitchen. This home is not wheelchair accessible. The home utilizes public water and sewage system.

The home has a gas furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs. 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
Southeast	10.83 ft. X 9.5 ft.	102.89 sq. ft.	1
West	11 ft. X 11.5 ft.	126.5 sq. ft.	1
Northeast	9.92 ft. X 8.75 ft.	86.8 sq. ft.	1
Total			3

The living, dining, and sitting room areas measure a total of 268.36 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) 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 three (3) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and traumatic brain injury 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. The applicant intends to accept residents from ( Wayne County-DHS or private pay individuals) as a referral source.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

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

The applicant 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 3 bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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)) and the related documents required to be maintained in each employee's 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 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 acknowledges their 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 the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

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

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3).



02/07/2024

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Shatonla Daniel  
Licensing Consultant

Date

Approved By:



02/08/2024

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Ardra Hunter  
Area Manager

Date