



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 20, 2024

Teatrice Williams
504 West Erie Street
ALBION, MI 49224

RE: Application #: AS130418407
QualiTea Living, LLC
519 West Erie Street
Albion, MI 49224

Dear Teatrice Williams:

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 (616) 356-0183.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130418407
Licensee Name:	Teatrice Williams
Licensee Address:	504 West Erie Street ALBION, MI 49224
Licensee Telephone #:	(901) 907-3752
Administrator:	Teatrice Williams
Licensee Designee:	Teatrice Williams
Name of Facility:	QualiTea Living, LLC
Facility Address:	519 West Erie Street Albion, MI 49224
Facility Telephone #:	(901) 907-3752 04/16/2024
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/16/2024	On-Line Enrollment
04/17/2024	PSOR on Address Completed
04/17/2024	Contact - Document Sent
04/22/2024	Contact - Document Received
04/29/2024	File Transferred To Field Office
04/30/2024	Application Incomplete Letter Sent
04/30/2024	Contact - Document Received
05/01/2024	Application Incomplete Letter Sent
05/02/2024	Contact - Document Received
05/02/2024	Contact - Document Sent
05/11/2024	Contact - Document Received
05/13/2024	Contact - Document Sent
05/13/2024	Contact - Telephone Call Received
05/13/2024	Application Complete/On-site Needed
05/22/2024	Inspection Completed On-site
05/22/2024	Inspection Completed-BCAL Sub. Compliance
06/03/2024	Contact - Document Received
06/03/2024	Contact - Telephone Call Made
06/20/2024	Inspection Completed On-site
06/20/2024	Inspection Completed On-site Env. Health A Rating
06/20/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

QualiTea Living LLC is a wood frame single story ranch style home with a partially finished basement, located at 519 West Erie Street Albion, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as Harrington Elementary School District, Albion College, Albion Michigan Works Office and Albion District Library located within a mile of the group home. Direct care staff and visitor parking is located in the driveway of the group home with ample amount of space provided.

Residents will only occupy the first floor of the group home that includes three resident bedrooms, one full bathroom, kitchen and a large living room. Residents have access to the bathroom, kitchen, living room and sitting porch located at the front entrance of the home. The partially finished basement includes several storage rooms, staff office area, washer/dryer, hot water heater and furnace.

There are two separate approved means of egress with one located at the driveway entrance, the second at the west side exit of the group home. However, neither exit is wheelchair accessible so the home is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility. The group home utilizes public sewer and public water supply disposal system. The furnace and hot water heater use natural gas and located in the basement. The furnace and hot water heater were inspected by a licensed professional on 5/6/24 and found to be in fully operational order.

The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the home to the basement.

The group home is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The group home is equipped with fire extinguishers located in the kitchen and basement areas. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 6" X 10' 11"	100 sq. ft.	1
2	8' 5" X 8' 7"	65 sq. ft.	1
3	10' 11" X 9' 6"	80 sq. ft.	1

The indoor living room area measures a total of 255 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate three (3) residents only. It is the licensee's responsibility not to exceed the licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home 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 or mentally impaired and aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, training to develop personal adjustment and living skills, and an opportunity for involvement in day programs including transportation. The applicant intends to accept residents with private pay as a source of payment.

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.

In addition, the licensee will provide all transportation for all residents' medical and dental needs including community outings. It is the intent of this home to utilize local community resources including libraries, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Teatrice Williams under the name QualiTea Living LLC, who is listed as the Administrator/Licensee Designee. Ms. Williams submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care home. A licensing record clearance request was completed with no convictions recorded for Teatrice Williams. Teatrice Williams submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

Ms. Teatrice Williams has provided documentation to satisfy the qualifications and training requirements as licensee designee/administrator identified in the administrative group home rules. Ms. Williams has twenty-three years of experience as a direct care worker, certified medical assistant, certified behavioral specialist, community mental health director and an executive practice administrator. Ms. Williams worked directly with cliental and AFC residents diagnosed with mental illness, developmental disability and aged in various roles including administrative duties completing resident paperwork, lead resident medication administration, assisting with resident activities, performing personal care and supervision for residents, collaborating relationships with community hospitals for resident care and lead certified trainer of wound care. Ms. Teatrice Williams has completed all required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this three-bed home is adequate and includes a minimum of one staff-to-three 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 direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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) 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 designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 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

