



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 20, 2024

Otties Woods  
Focused Home Care Services LLC  
36500 Ford Rd. #367  
Westland, MI 48185

RE: Application #: AS500418320  
**The Brittany Residence**  
**22477 Brittany Ave**  
**Eastpointe, MI 48021**

Dear Mr. Woods:

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 1 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500418320
<b>Applicant Name:</b>	Focused Home Care Services LLC
<b>Applicant Address:</b>	36500 Ford Rd. #367 Westland, MI 48185
<b>Applicant Telephone #:</b>	313-673-1367
<b>Administrator/Licensee Designee:</b>	Matthew Moree/Otties Woods
<b>Name of Facility:</b>	The Brittany Residence
<b>Facility Address:</b>	22477 Brittany Ave Eastpointe, MI 48021
<b>Facility Telephone #:</b>	(678) 668-1030
<b>Application Date:</b>	03/04/2024
<b>Capacity:</b>	1
<b>Program Type:</b>	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/04/2024	Enrollment
03/12/2024	PSOR on Address Completed
03/12/2024	Application Incomplete Letter Sent 1326/RI030, AFC100, IRS letter, Name for the facility
03/12/2024	Contact - Document Sent Forms sent
04/30/2024	Contact - Document Received AFC-100, 1326/RI-030, IRS letter
05/09/2024	Application Incomplete Letter Sent
07/12/2024	Application Complete/On-site Needed
08/08/2024	Inspection Completed On-site
08/08/2024	Inspection Completed-BCAL Sub. Compliance
08/23/2024	Corrective Action Plan Received
08/23/2024	Corrective Action Plan Approved
08/23/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The small adult foster care home is located in a residential area in Eastpointe, Michigan. The home is a one and half story structure with a full basement and detached 2.5 garage. The first floor of the home consists of a living room, dining room, kitchen, one full bathroom and two bedrooms. The second floor is one large bedroom.

The furnace and hot water heater are in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top/bottom of stairs. The facility is equipped with hardwire smoke detection system 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	11.4 x 11.5	129.39	1

**Total capacity: 1**

The living, dining, and upper bedroom room areas measure a total of 497 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 **one (1)** resident. 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 **one (1)** male ambulatory adults whose diagnosis is mentally impaired and traumatically brain injured 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 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 Focused Home Care Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/03 /2024. Focused Home Care Services, L.L.C 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 Focused Home Care Services, L.L.C has submitted documentation appointing Otties Woods as licensee designee for this facility and Matthew Moree as the administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Otties Woods as licensee designee and Matthew Moree administrator. Otties Woods licensee designee and Matthew Moree administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Otties Woods licensee designee and Matthew Moree administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Otties Woods, licensee designee, obtained an Associate of Science degree in Psychology. Mr. Woods has worked at CareFirst Rehabilitation as a Care Services Attendant and Care Services Supervisor since July 2018. Mr. Woods has experience working with persons with traumatic brain injuries (TBI), mental illness, developmentally delayed, and spinal cord injuries. Mr. Woods is fully trained as an administrator and licensee designee for adult foster care homes from the Direct Care Training Resource Center.

Matthew Moree, the administrator, has 20 years of experience in long-term care. Mr. Moree has overseen and has over 8,000 hours in the development of care plans, training staff, developing seasoned staff, and working with case managers and guardians on issues affecting the mentally ill and those with traumatic brain injuries. Mr. Moree's experience includes those who have sustained serious injuries in auto accidents.

Mr. Matthew Moree's work experience brings a hands-on approach, particularly caring for individuals with traumatic brain injuries. His understanding of care plans and managing resident behaviors reflect his intricate work in ensuring that each person receives personalized and effective care. From the Direct Care Training Resource Center, Mr. Moree is fully trained as an administrator and licensee designee for adult foster care homes.

The staffing pattern for the original license of this 1-bed facility is adequate and includes a minimum of 1 staff –to- 1 residents per shift. All staff shall be awake during sleeping hours.

Otties Woods licensee designee and Matthew Moree administrator 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 1–to-1 resident ratio.

Otties Woods licensee designee and Matthew Moree administrator 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Otties Woods licensee designee and Matthew Moree administrator 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, Otties Woods licensee designee and Matthew Moree administrator 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.

Otties Woods licensee designee and Matthew Moree administrator 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, Otties Woods licensee designee and Matthew Moree administrator 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.

Otties Woods licensee designee and Matthew Moree administrator acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Otties Woods licensee designee and Matthew Moree administrator indicated that it is their intent to achieve and maintain compliance with these requirements.

Otties Woods licensee designee and Matthew Moree administrator 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. Otties Woods licensee designee and Matthew Moree administrator 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.

Otties Woods licensee designee and Matthew Moree administrator acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Otties Woods licensee designee and Matthew Moree administrator 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, Otties Woods licensee designee and Matthew Moree administrator 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.

Otties Woods licensee designee and Matthew Moree administrator 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**

Otties Woods licensee designee and Matthew Moree administrator 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 AFC adult small group home capacity 1.



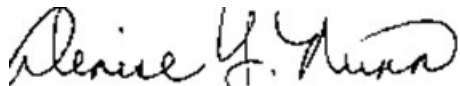
09/10/2024

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LaShonda Reed  
Licensing Consultant

Date

Approved By:



09/20/2024

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Denise Y. Nunn  
Area Manager

Date