



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 7, 2024

Shawn Brown
Domel Inc
21005 Farmington Road
Farmington Hills, MI 48336

RE: Application #: AS820418548
Bock Home
28668 Bock
Garden City, MI 48135

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 5 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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820418548
Applicant Name:	Domel Inc
Applicant Address:	21005 Farmington Road Farmington Hills, MI 48336
Applicant Telephone #:	(734) 632-0125
Licensee Designee:	Shawn Brown
Administrator:	Shawn Brown
Name of Facility:	Bock Home
Facility Address:	28668 Bock Garden City, MI 48135
Facility Telephone #:	(734) 425-0491
Application Date:	06/03/2024
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/03/2024	Enrollment
06/03/2024	PSOR on Address Completed
06/03/2024	Contact - Document Received MC & 1326/ri030
06/07/2024	Application Incomplete Letter Sent
06/25/2024	Contact - Document Received Enrollment documents
07/24/2024	Inspection Completed On-site
07/24/2024	Inspection Completed-BCAL Sub. Compliance
09/27/2024	Inspection Completed-BCAL Full Compliance
09/30/2024	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bock Home is a ranch style home located in Garden City; the address is 28668 Bock St Garden City, MI 48135. The facility has tan siding, brown brick with a fenced backyard and attached garage. There are three bedrooms, two full bathrooms, kitchen, living room, dining and office area. Although the facility has three exits; the main entrance and patio exit have been identified as the two means of egress. The home utilizes public water and sewage disposal.

The facility is wheelchair accessible. The front and rear exits are at grade and a wheelchair ramp is not required.

The facility has a furnace and hot water heater located on the same level as residents in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The furnace and water heater were recently inspected by an accredited service provider.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
E	16.42 x 11	180	2
NE	17.08 x 11	188	1
E	16.75 x 11	184	2

The living, dining, and sitting room areas measure a total of 589 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 five (5) residents. The facility has the space for more than 5 residents. However, the licensee designee is aware the capacity is 5 and cannot to exceed the 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 **five (5)** male or female ambulatory adults whose diagnosis is developmentally disabled, 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. Residents will be referred from Detroit Wayne Integrated Health Network (DWIHN).

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 Domel, Inc., which is a "Non Profit Corporation" 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 the facility.

A licensing record clearance request was completed with no 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. Shawn Brown is the licensee designee and/or administrator for five active AFC small group homes. Shawn Brown has worked in small group homes providing care to individuals diagnosed with a developmental disability or physical handicap for over 26 years.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

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), L-1 Identity Solutions™ (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 designee 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 1-5).

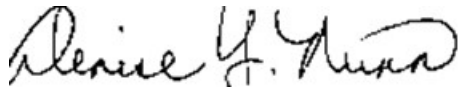


11/06/2024

Denasha Walker
Licensing Consultant

Date

Approved By:



11/07/2024

Denise Y. Nunn for Ardra Hunter
Area Manager

Date