



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 26, 2024

Brandee Patterson  
Cita Angels Home Care Inc.  
Suite 110  
17520 W. 12 Mile Rd.  
Southfield, MI 48076

RE: Application #: AS820418199  
**Cita Angels Place**  
**4716 Lakewood**  
**Detroit, MI 48215**

Dear Mrs. Patterson:

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 "K. Robinson".

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418199
<b>Applicant Name:</b>	Cita Angels Home Care Inc.
<b>Applicant Address:</b>	Suite 110 17520 W. 12 Mile Rd. Southfield, MI 48076
<b>Applicant Telephone #:</b>	(586) 265-0252
<b>Administrator/Licensee Designee:</b>	Brandee Patterson, Designee
<b>Name of Facility:</b>	Cita Angels Place
<b>Facility Address:</b>	4716 Lakewood Detroit, MI 48215
<b>Facility Telephone #:</b>	(313) 703-7096
<b>Application Date:</b>	01/24/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODOLOGY

01/24/2024	Enrollment
01/25/2024	PSOR on Address Completed
01/25/2024	Application Incomplete Letter Sent 1326/RI030
01/25/2024	Contact - Document Sent forms sent
03/07/2024	Contact - Document Received 1326/RI030
03/12/2024	Application Incomplete Letter Sent
03/12/2024	Contact - Telephone call received
05/02/2024	Contact - Document Received
05/13/2024	Contact - Telephone call made Scheduled onsite inspection
05/21/2024	Inspection Completed On-site
07/12/2024	Contact - Telephone call received
08/05/2024	Contact - Telephone call received
08/16/2024	Contact - Telephone call received
09/23/2024	Contact - Telephone call made Scheduled onsite
09/30/2024	Inspection Completed On-site
10/29/2024	Contact - Document Received
10/29/2024	Inspection Completed-BCAL Full Compliance
11/04/2024	Contact - Document Received
11/05/2024	Contact - Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Cita Angels Place home is located on Detroit's east side in a residential neighborhood near popular Chandler Park and East English Village, a historic community with desirable homes, tree lined streets, storefronts, and varying places of worship. The home offers easy access to transit routes, including the city bus and local freeways. This 2-story home was originally constructed as a 2-family flat; however, the licensee has converted the property into a single family dwelling. In doing so, all resident bedrooms are private with single occupancy. The home is currently comprised of 6 bedrooms, 4 full bathrooms, 2 living rooms, 2 dining rooms, and 2 fully operational kitchens. The basement is unfinished and 1 of the baths is located here. The home also has a 4<sup>th</sup> floor that will only be utilized by the licensee as an office space. The office contains a bathroom as well. The licensee has submitted documentation that any fireplace in the home will not be used, nor does she intend to use the outdoor porch that can be accessed from the 2<sup>nd</sup> floor before entering the main living area. The home has 3 viable means of egress; the licensee has designated the front and side doors as the 2 required means of egress.

The furnace and hot water heater are located in the basement. The licensee installed 2 solid wood core doors with a thickness of 1 ¾ to create floor separation from the rest of the home. One fire door is installed at the top of the basement stairs near the first floor kitchen and the second fire door is located at the upstairs rear entrance. Both fire doors are equipped with automatic self-closing devices and positive latching hardware. The facility is equipped with an interconnected smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home **cannot** accommodate persons who require the regular use of a wheelchair.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.66 X 10.75	104	1
2	9.58 X 10.66	103	1
3	9.83 X 10.83	106	1
4	9.66 X 10.75	104	1
5	9.58 X 10.75	103	1
6	9.83 X 10.83	106	1

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The living, dining, and sitting room areas measure a total of 720 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 **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 and personal care to six (6) male or female ambulatory adults ages 18 to 99 whose diagnosis is developmentally disabled or mentally impaired, 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, local hospitals, rehabilitation centers or word of mouth).

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 Cita Angels Homecare, Inc. which is a domestic for profit corporation that was established in Michigan on 8/27/15. 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 Cita Angels Homecare, Inc. has submitted documentation appointing Brande Patterson as Licensee Designee for this facility and Brande Patterson as the Administrator of the facility.

A licensing record clearance request was completed with no lien 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. Brandee Patterson is a certified nurse assistant with over 8 years experience in the healthcare industry.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 direct care staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 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)), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 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.

#### **D. Rule/Statutory Violations**

The applicant 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 small adult foster care home (capacity 1-6).



11/15/24

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Kara Robinson  
Licensing Consultant

Date

Approved By:



11/19/24

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Ardra Hunter  
Area Manager

Date