



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2025

Tamiko Hurt-West
13996 Silent Woods Dr
Shelby Township, MI 48315

RE: Application #: AF500419014
Bethany Home Estates
13996 Silent Woods Dr
Shelby Township, MI 48315

Dear Ms. Hurt-West:

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 (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

| | |
|---|--|
| License #: | AF500419014 |
| | |
| Applicant Name: | Tamiko Hurt-West |
| | |
| Applicant Address: | 13996 Silent Woods Dr Shelby Township, MI 48315 |
| | |
| Applicant Telephone #: | (313) 318-2298 |
| | |
| Administrator/Licensee Designee: | N/A |
| | |
| Name of Facility: | Bethany Home Estates |
| | |
| Facility Address: | 13996 Silent Woods Dr Shelby Township, MI 48315 |
| | |
| Facility Telephone #: | (313) 318-2298 |
| | |
| Application Date: | 12/02/2024 |
| | |
| Capacity: | 3 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 02/11/2024 | Inspection Completed-BCAL Sub. Compliance |
| 12/02/2024 | Enrollment |
| 12/02/2024 | PSOR on Address Completed |
| 12/02/2024 | Application Incomplete Letter Sent 1326/RI030 and AFC-100 |
| 12/02/2024 | Contact - Document Sent Forms sent via email. |
| 01/13/2025 | Contact - Document Received 2 AFC-100's. |
| 01/13/2025 | Comment Still waiting on 1326 and RI030 |
| 01/27/2025 | Contact - Document Received 1326/RI030 |
| 01/27/2025 | Comment Fingerprints sent to Candace. |
| 01/29/2025 | File Transferred to Field Office |
| 02/03/2025 | Application Incomplete Letter Sent |
| 02/03/2025 | Contact - Document Received email to change the name of the facility |
| 02/12/2025 | Inspection Completed On-site |
| 03/10/2025 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story brick single family home located in Shelby Township, Michigan. The home has five bedrooms and two full bathrooms and one-half bathroom. There are three resident bedrooms and 1.5 resident bathrooms. The home has a great room, dining room and kitchen on the first floor of the home. There is one resident bedroom on the first floor and two resident bedrooms on the upper level of the home. One upper

resident bedroom is located northwest, and the second upper bedroom is located southeast. There is one private bedroom and bathroom on the first floor of the home and one private bedroom at the upper northeast. There is first floor laundry room. The home utilizes public water and/or sewage or septic system. There is a two-car attached garage.

The home has a finished basement. The furnace and hot water heater are located in the basement with a 1 $\frac{3}{4}$ -inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are installed on each floor of the home.

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 13 | 147.33 | 1 |
| 2 | 12.1 x 13.4 | 161.11 | 1 |
| 3 | 12.7 x 12.10 | 161.49 | 1 |

Total capacity: 3

The great room, and dining, room areas measure a total of 855 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

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from private pay individuals as a referral source.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the Utica Public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Tamiko Hurt-West. Tamiko Hurt-West and Robert West, responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Tamiko Hurt-West has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Tamiko Hurt-West acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Tamiko Hurt-West has indicated that for the original license of this 3- bed family home, there is adequate supervision with 1- responsible person on-site 1–for-3 residents. Tamiko Hurt-West acknowledges that the number of responsible persons on-site 1–to-3 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Tamiko Hurt-West acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Tamiko Hurt-West 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Tamiko Hurt-West acknowledges an understanding of the administrative rules regarding medication procedures. 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.

Tamiko Hurt-West acknowledges their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Tamiko Hurt-West acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Tamiko Hurt-West 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.

Tamiko Hurt-West 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.

Tamiko Hurt-West 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 required to be maintained within each resident's file.

Tamiko Hurt-West acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Tamiko Hurt-West 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.

Tamiko Hurt-West acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Tamiko Hurt-West indicated that it is their intent to achieve and maintain compliance with these requirements.

Tamiko Hurt-West acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Tamiko Hurt-West has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Tamiko Hurt-West acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

Tamiko Hurt-West acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

Tamiko Hurt-West 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 family home (capacity 1-3).

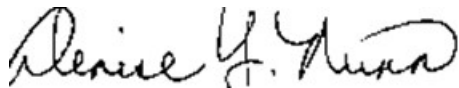


03/10/2025

LaShonda Reed
Licensing Consultant

Date

Approved By:



03/11/2025

Denise Y. Nunn
Area Manager

Date