



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2025

Cassandra Leatherwood
17194 Parkside
Detroit, MI 48221

RE: Application #: AS630418944
Leatherwood Care
19011 Birchridge
Southfield, MI 48075

Dear Ms. Leatherwood:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418944
Licensee Name:	Cassandra Leatherwood
Licensee Address:	17194 Parkside Detroit, MI 48221
Licensee Telephone #:	(313) 409-4343
Administrator:	Cassandra Leatherwood
Name of Facility:	Leatherwood Care
Facility Address:	19011 Birchridge Southfield, MI 48075
Facility Telephone #:	(248) 905-3018
Application Date:	10/30/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

10/30/2024	On-Line Enrollment
10/31/2024	PSOR on Address Completed
10/31/2024	Contact - Document Sent forms sent
12/09/2024	Contact - Document Received 1326/RI030
12/18/2024	Application Incomplete Letter Sent
02/10/2025	Contact - Document Received Facility documentation received: proof of ownership, admission policy, program statement, refund policy, budget, licensee trainings, physical, TB test, resume, job descriptions, personnel policies, and org chart.
02/11/2025	Application Incomplete Letter Sent Additional/amended information requested.
02/14/2025	Contact - Document Received Updated facility documentation received
02/14/2025	Contact - Document Received Additional/amended information received.
02/17/2025	Contact - Document Received Financial and Administrative Management Competency Verification received.
02/18/2025	Contact - Document Received Updated resume received.
02/20/2025	Contact - Document Received Licensee training records received.
02/20/2025	Application Complete/On-site Needed
02/25/2025	Inspection Completed On-site
02/25/2025	Inspection Completed-BCAL Sub. Compliance
03/18/2025	PSOR on Address Completed no hits

03/19/2025	Inspection Completed On-site
03/19/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

The facility is a ranch style home in Southfield, Michigan. The facility has four bedrooms. There is a full bathroom in the hallway and a half bathroom off the kitchen. Bedroom # 1 has an attached full bathroom. The facility has a family room with a dining area and a separate sitting room. The facility has two approved means of egress equipped with ramps which lead directly to firm-surfaced, unobstructed ground which allows the residents to move a safe distance away from the facility. The facility is qualified for admission of residents who use a wheelchair. The facility is equipped with positive-latching and non-locking against egress hardware on egress, bedroom and bathroom doors. The facility has city water and sewage. There is parking available on the street as well as in the driveway of the facility.

The facility has a basement. The furnace, water heater, washer and dryer are in the basement. The heating plants are enclosed with a solid core door equipped with an automatic self-closing device and positive latching hardware.

The home is equipped with fire extinguishers and interconnected smoke detectors. The smoke detectors were tested and are working properly. The refrigerator and freezer are equipped with thermometers. The home has a locked cabinet for medications. I observed the home to be in substantial compliance with rules pertaining to physical plant requirements. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser, and closet.

Resident bedrooms were measured during the on-site inspection and have the following dimensions. Note - Bedroom # 1 has an attached full bathroom.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'.75" x 17'	199.75	2
2	11' x 12'.5"	137.5	2
3	10'.3" x 11'	113.3	1
4	13'.5" x 10'	135	1

Total Capacity: 6

The living room and dining room areas measure a total of 339.5 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 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 adults who are developmentally disabled, mentally ill, aged, have Alzheimer's and/or who are physically handicapped. Leatherwood Care's mission is to enhance the quality of life for their residents by providing compassionate assistance with daily living activities, including dressing, grooming, bathing, eating, and medication management. Leatherwood Care aims to create a nurturing environment where residents feel safe, loved, and encouraged, while maintaining their dignity. Leatherwood Care will facilitate appropriate socialization through one-on-one interactions, group activities, and independent leisure time.

Leatherwood Care understands that it is essential to develop effective care strategies when working with adults who have Alzheimer's and related conditions. Leatherwood Care is committed to a tailored approach that fosters a supportive environment, promotes dignity, and enhances the quality of life for individuals affected by these conditions. Leatherwood Care staff will complete continuous education and awareness initiatives to ensure that caregivers are well-equipped to navigate the challenges associated with Alzheimer's and related dementias. Leatherwood Care staff will assess behavioral and mood changes, identify target behaviors, and develop individualized care plans accordingly.

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.

This facility is located 1.7 miles away from Henry Ford Providence Southfield Hospital which has a 24/7 emergency department. The Southfield police department will respond to emergency calls from the home. There are several places of worship, parks, local shopping centers, and dining options located in the community for convenient day trips with family members.

C. Applicant and Administrator Qualifications

The applicant is Cassandra Leatherwood. Ms. Leatherwood submitted financial statements and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Leatherwood. Ms. Leatherwood submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Leatherwood provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Leatherwood obtained a Bachelor of Science/Registered Nursing from Wayne State University. Since 1994, Ms. Leatherwood has worked as a Regional Director of Clinical, Director of Nursing, and as Nurse Manager providing direct patient care, leadership, and regulatory compliance. Ms. Leatherwood has experience providing care to adults who have various illnesses including diabetes, Alzheimer's, and residents with cognitive and physical disabilities. Ms. Leatherwood has direct care experience working in a homelike environment to develop plans of care and daily processes which aid the resident in being well rounded medically, nutritionally, and physically.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1- staff –to- 6-residents per shift. Ms. Leatherwood acknowledged 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. Ms. Leatherwood has indicated that direct care staff will be awake during sleeping hours.

Ms. Leatherwood acknowledged 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.

Ms. Leatherwood acknowledged 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.

Ms. Leatherwood 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.

Ms. Leatherwood acknowledged 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, Ms. Leatherwood 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.

Ms. Leatherwood acknowledged her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Leatherwood acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Leatherwood acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Leatherwood acknowledged her 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.

Ms. Leatherwood acknowledged her 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.

Ms. Leatherwood acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Leatherwood acknowledged 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.

Ms. Leatherwood acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Leatherwood indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Leatherwood acknowledged 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. Ms. Leatherwood has indicated her

intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Leatherwood acknowledged her 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 facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care facility, Leatherwood Care, with a capacity of six residents

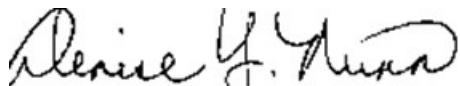


03/19/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



03/26/2025

Denise Y. Nunn
Area Manager

Date