



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

March 26, 2004

Ngozi Ukandu
Ozi Services, Inc.
17403 Prairie St.
Detroit, MI 48221

RE: Application #: AS820257799
Melody AFC
17403 Prairie
Detroit, MI 48221

Dear Mr. Ukandu:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-0380.

Sincerely,

Tony Kairis, Licensing Consultant
Bureau of Family Services
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-1734

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

| | |
|---|---------------------------------------|
| License #: | AS820257799 |
| Applicant Name: | Ozi services Inc. |
| Applicant Address: | 17403 Praire St. Detroit, MI 48221 |
| Applicant Telephone #: | (313) 574-1285 |
| Administrator/Licensee Designee: | Ngozi Ukanou, Designee |
| Name of Facility: | Melody AFC |
| Facility Address: | 17403 Praire St. Detroit, MI 48221 |
| Facility Telephone #: | (313) 574-1285 |
| Application Date: | 05/04/2003 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |

II. METHODOLOGY

05/10/2003 Enrollment
02/12/2004 Inspection completed - Onsite
03/24/2004 Inspection completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story brick building with a full basement that is not approved for resident use. There is a driveway, with a garage in the backyard. There is a large fenced-in backyard for resident use. The facility is equipped with a hardwire smoke alarm system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in the basement along with the laundry facilities. The basement is separated from the rest of the facility by a fire rated door that is equipped with a self-closure.

The first floor consists of a large living room, dining room, and kitchen and kitchen nook.

The second floor consists of (3) three bedrooms, and a full bathroom.

Bedrooms were measured during the initial on-site inspection and have the following dimensions:

SECOND FLOOR

| | | |
|------------|-----------------|-----------------|
| NE Bedroom | 144 square feet | 2 resident beds |
| SE Bedroom | 180 square feet | 2 resident bed |
| NW Bedroom | 144 square feet | 2 resident bed |

The living room, and dining room measure 446 square feet of living space that far exceeds the required 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee will provide specialized care to six (6) male adults whose diagnosis is developmental disability and or mentally illness. The program goal is to provide a safe, clean, comfortable living environment where individuals can develop skills that would allow them to move to a less restricted environment. To accomplish this Milieu Therapy will be provided by trained direct care staff.

The trained staff will provide training to residents in basic self-care, mobility training, personal adjustment, and socialization skills. Residents will be referred from several agencies with which the licensee has a contract, i.e: Gateway, Person Centered Network, and Care Link.

The license will provide transportation to all appointments. Visits to family and friends will be arranged and encouraged and transportation will be provided. The facility will provide a monthly outing for all residents at no cost to them. Several churches in the area offer activities that promote socialization. The licensee will provide monthly activities for the residents.

C. Applicant and Administrator Qualifications

Ozi Services, Inc., a non-profit corporation, is currently operating one other licensed adult foster care facility. The corporation appointed Ngozi Ukandu as licensee designee and administrator. A licensing record clearance request was completed with no lien convictions for the licensee designee/administrator. The Licensee designee/administrator submitted a medical clearance with current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules for that job position.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has indicated that the Michigan State Police LEIN System will be utilized as the process to identify criminal history when assessing good moral character of employees.

The applicant acknowledges an understanding of the medical and training requirements for direct care staff prior to the person working in the facility or being considered as part of the staff-to-resident ratio.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply.

IV. RECOMMENDATION

I recommend issuance of a temporary license to Ozi Services, Inc. for operation of an AFC small group home (capacity 1-6.)

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|----------------------|------|
| Tony Kairis | Date |
| Licensing Consultant | |

Approved By:

| | |
|------------------------|------|
| Christopher J. Hibbler | Date |
| Area Manager | |