

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING



May 24, 2004

Deirdre Hicks K, D & B Adult Foster Care Home, LLC 7720 Minock Detroit, MI 48228

> RE: Application #: AS820263011 K, D & B AFC Home 12026 W. Outer Drive Detroit, MI 48223

Dear Ms Hicks:

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,

Savanah Woods, Licensing Consultant Office of Children and Adult Licensing Cadillac Pl. Ste 11-350 P.O.Box 02982 Detroit, MI 48202 (313) 456-3428

enclosure

MICHIGAN FAMILY INDEPENDENCE AGENCY OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

| License #: | AS820263011 |
|----------------------------------|--|
| Applicant Name: | K, D & B Adult Foster Care Home, LLC |
| Applicant Address: | 12026 W. Outer Drive Detroit, MI 48223 |
| Applicant Telephone #: | (313) 240-8926 |
| Administrator/Licensee Designee: | Deirdre Hicks, Designee |
| Name of Facility: | K, D & B AFC Home |
| Facility Address: | 12026 W. Outer Drive Detroit, MI 48223 |
| Facility Telephone #: | (313) 538-4797 10/29/2003 |
| Application Date: | 10/29/2003 |
| Capacity: | 6 |
| Program Type: | AGED MENTALLY ILL DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| 10/29/2003 | Enrollment |
|------------|---|
| 11/25/2003 | Comment Transferred entire file to Detroit. |
| 12/01/2003 | Comment mailed ID to Detroit |
| 04/13/2004 | Contact - Document Received Application material received. |
| 05/07/2004 | Inspection Completed On-site |
| 05/07/2004 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The K, D & B AFC Home is a two-story brick structure located in a single- family residential area in the city of Detroit. The home is located on a double lot with a full fenced yard where parking may be allowed for staff. The home has a front porch and a rear yard suitable for relaxing and the designated smoking areas. The full basement contains the Heat plant, laundry, and staff main office. The first floor contains: a living room, dining room, kitchen, two bedrooms and one full bath. The second floor contains: Four bedrooms, and one full bath.

The heat plant, which is located in the basement of the home, is separated by a 1³/₄-inch thick solid core wooden door with a self-closing device and fully stopped latch. The fire door is located at the top the stairs in the kitchen area.

Bedrooms were measured and found to be the following dimensions: <u>First Floor:</u>

Northwest bedroom measures: 9.2 X 10.0= 92 square feet to accommodate 1 resident North East bedroom measures: 9.5 X 10.0= 95 square feet to accommodate 1 resident **Second floor:**

West bedroom measures: 9.14 X 11.6=106 square feet to accommodate 1 resident South West bedroom measures: 10.3 X 10.7=110 square feet to accommodate 1 resident.

East bedroom measures: 12.2 X 9.9=118 square feet to accommodate 1 resident North bedroom measures: 11 X 9.8=107 square feet to accommodate 1 resident.

Total Bedroom capacity is Six.

Living space calculations:

Living room measures:12 X 13=156 square feetDining room measures:10 X 13=130 square feetTotal square footage:286 square feet of living space divided by 6occupants = 47.66 square feet of living space which is more than the 35 square feet ofliving space per occupant as required by Rule 405(1).

Sanitation

The K, D&B AFC Home utilized city water and sewer.

Fire Safety

The K, D&B AFC Home is equipped with a hardwire-interconnected smoke detection system with battery back up on all floors of the home. Detectors are located between the sleeping areas and living areas of the home. The kitchen contains a heat detector and the basement has an additional detector located near the furnace. Five-pound ABC rated fire extinguishers are located on each floor of the home including the basement.

B. Program Description

The Admission/Discharge policy has been submitted for review and accepted as written. They indicate that the licensee intends to provide 24-hour care and supervision for the six mentally ill, developmentally disabled, aged adults. The program will offer the following program elements:

Basic self-care and habilitation training Social education Personal adjustment Day programs/Recreation Transportation

The applicant, K, D&B Limited Liability Company (LLC) intends to utilize local community resources including public libraries, schools, museums, churches, and shopping centers.

C. Applicant and administrator qualifications

The applicant, K, D&B LLC has no other Adult foster care facilities currently licensed. A licensing clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting the good health of the licensee designee/administrator. Verification of a negative TB-tine was submitted as well for the licensee designee/administrator.

The administrator has provided documentation to satisfy the qualification 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 expressed that the Michigan State police Lien system will be utilized as the process to identify criminal history when assessing good moral character.

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 staffing pattern for the original license of this six-bed facility is adequate and includes one staff per shift. All staff must be awake during sleeping hours.

Medication procedures have been reviewed and resident medication will be stored in a locked file cabinet located in the basement office area of the home. Daily medication logs will be kept on every resident receiving medication.

The applicant was advised of departmental requirements pertaining to resident rights as outlined under Rule 304, and indicates that it is their intent to achieve and maintain compliance with these requirements.

The applicant intends to be incompliance with Rule 311 as it pertains to documenting incident/accident reports.

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

C. Rule/Statutory Violations

None

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Savanah Woods Licensing Consultant Date

Approved By:

Christopher J. Hibbler Area Manager Date