



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

September 17, 2004

Josephine Akunne  
Kamman Adult Foster Care Hm Inc  
Ste 180  
3820 Packard Road  
Ann Arbor, MI 48185

RE: Application #: AL820258039  
Saint Tansi Home  
1380 Council  
Lincoln Park, MI 48146

Dear Ms. Akunne:

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 20 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,

Susan Williams, Licensing Consultant  
Office of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
P.O. Box 02982  
Detroit, MI 48202  
(313) 456-0427

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL820258039

**Applicant Name:** Kamman Adult Foster Care Hm Inc

**Applicant Address:** Ste 180  
3820 Packard Road  
Ann Arbor, MI 48185

**Applicant Telephone #:** (734) 973-7764

**Administrator/Licensee Designee:** Josephine Akunne, Designee

**Name of Facility:** Saint Tansi Home

**Facility Address:** 1380 Council  
Lincoln Park, MI 48146

**Facility Telephone #:** (313) 381-3100

**Application Date:** 04/20/2003

**Capacity:** 20

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

04/20/2003	Enrollment
06/12/2003	Inspection Report Requested - Health
06/12/2003	Inspection Report Requested - Fire
06/12/2003	Comment Transferred to area manager for processing.
07/08/2003	Inspection Completed-Env. Health : A
10/06/2003	Inspection Report Requested - Fire inspection needed using Part II
12/30/2003	Contact - Document Sent notified licensee that a plan review was needed to complete the fire safety approval. Faxed BCC-979 (application for plan review)
03/17/2004	Contact – Document received Corrective action plan received.
07/30/7004	Inspection Completed - Fire Safety: A
9/10/2004	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 approved for resident use as there are 2 separate means of egress to the outside. There is no driveway, however the garage is accessible from the alley. 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 Lincoln Park ( that is near main bus lines).

The basement consists of a boiler room, tool room, recreation room, small utility room, large utility room, laundry room, 2 bathrooms, and a recreation room.

The first floor consists of a living room, dining room, kitchen, office, two (2) full bathrooms , a sun porch and (3) three resident bedrooms.

The second floor consists of (17) seventeen resident bedrooms, a large bathroom with 3 enclosed toilet stalls, and 3 separate shower units. There is a staff bedroom with an attached bathroom, which will be utilized by the live-in staff.

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

### FIRST FLOOR

All 3 bedrooms are the same, 9x9 and equal 180 sq. ft.. Each is approved for 1 resident bed.

### SECOND FLOOR

All 17 bedrooms are the same, 9x9 and equal 180 sq. ft. Each is approved for 1 resident bed.

The living room, dining room, recreation room and sun porch is adequate to provide the 770 square feet of living space for 22 occupants of the facility.

Based on the above information, it is concluded that this facility can accommodate twenty (20) 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 residential service to twenty (20) male and female adults whose diagnosis is developmental disability and or mentally illness. The program goal is to provide a safe, clean, comfortable living environment where individuals will engage in activities that will promote community integration. The program includes basic self-care, teach and reinforce skills in dressing, grooming, eating, bathing, toileting and to follow simple directions.

Social education training will be provided including recreational participation such as group programs, community and recreational facilities utilization. The goals and objectives will range from maintenance of a participant in the community to the development of prevocational skills. These activities will be guided by a plan developed by the residents' chosen network (PCN, Gateway, or Carelink) the home, and other related professional in the community.

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 whom the licensee has a contract, i.e.: Gateway, Person Centered Network, and Care Link.

