



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

October 28, 2004

Family Tyes, Inc.
6795 Glenway Dr.
W. Bloomfield, MI 48322

RE: Application #: AS820269509
Up on Livernois - Family Tyes
16837 Livernois
Detroit, MI 48221

Dear Family Tyes, Inc.:

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,

Edith Richardson, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-0429

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820269509
Applicant Name:	Family Tyes, Inc.
Applicant Address:	6795 Glenway Dr. W. Bloomfield, MI 48322
Applicant Telephone #:	(313) 790-3078
Administrator/Licensee Designee:	Sheryl Renee Carson, Designee
Name of Facility:	Up on Livernois - Family Tyes
Facility Address:	16837 Livernois Detroit, MI 48221
Facility Telephone #:	(313) 340-0118
Application Date:	08/23/2004
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/23/2004	Enrollment
08/23/2004	Application Received Original
08/23/2004	Fee Received Original
08/26/2004	File Transferred To Field Office On-site - Detroit
10/15/2004	Inspection Completed On-site
10/18/2004	Inspection Completed-BFS Full Compliance
10/27/2004	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Up on Livernois-Family Tyes AFC Home is a single-story masonry structure on top of commercial property, located in the city of Detroit. This home is not barrier free and therefore cannot house anyone that is non-ambulatory. This home has a kitchen, dining room, living room, four bedrooms, three activity areas, two full baths and a laundry room. The commercial building and basement is not accessible through the group home. This group home has two separate and independent means of egress leading directly to the outside.

The resident bedrooms were measured during the initial onsite inspection and have the following dimensions:

The southeast bedroom is 180 square feet and will accommodate 2 residents.

The northeast bedroom is 192 square feet and will accommodate 2 residents.

The northwest bedroom is 110 square feet and will accommodate 1 resident.

The east center bedroom 128 square feet and will accommodate 1 resident.

The west center bedroom cannot be use to accommodate residents. It does not have an openable window to the outside.

The facility is equipped with a smoke detection system powered from the building's electric system and when activated initiate an alarm that is audible in all sleeping rooms with the door closed. The smoke detection system has been inspected and approved by a licensed electrician.

The living room, dining room and activities areas provide an adequate amount of living space that meets the 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 intends to provide 24-hours personal care and protection for six (6) adults man or female whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include improve communication skills. Improve community skills, improve self-care skills, and increased socialization skills. Emphasis is placed on having resident participate in a program designed to meet their social developmental needs. Residents will be referred from Gateway with which the licensee has a contract.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including, public school, public library, and local parks.

C. Applicant and Administrator Qualifications

On August 23, 2004, an application to operate a small group home at the above referenced location was submitted on behalf of Family Tyes AFC Homes a nonprofit corporation established on May 2, 1997. The corporation's board of directors appointed Sheryl Carson as licensee designee/administrator. Ms Carson is the licensee designee/administrator for five other AFC homes licensed under this corporation. Ms. Carson meets all requirements regarding qualifications, competencies, training and health. The licensee designee/administrator has on file with the department, a medical clearance and a current TB-Tine negative test result. A licensing record clearance request was completed and there are no lien convictions for the licensee designee/administrator.

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-client ratio.

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

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 staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff –to-six residents 24 hours a day.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant acknowledges 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, 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.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

IV. RECOMMENDATION

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

Edith Richardson
Licensing Consultant

Date

Approved By:

Christopher J. Hibbler
Area Manager

Date