



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

December 20, 2004

Bose Ogbeifun
Trustcare Group Homes Inc.
7256 Chatham
Redford, MI 28239

RE: Application #: AS820271221
Cathedral AFC
26443 Cathedral
Redford, MI 48239

Dear Ms. Ogbeifun:

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,

Savannah Woods, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820271221

Applicant Name: Trustcare Group Homes Inc.

Applicant Address: 7256 Chatham
Redford, MI 28239

Applicant Telephone #: (313) 213-6723

Administrator/Licensee Designee: Bose Ogbeifun, Administrator
Bose Ogbeifun, Designee

Name of Facility: Cathedral AFC

Facility Address: 26443 Cathedral
Redford, MI 48239

Facility Telephone #: (313) 937-0929

Application Date: 10/29/2004

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

10/29/2004	Enrollment
11/01/2004	File Transferred To Field Office Detroit
12/20/2004	Inspection Completed On-site
12/20/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Cathedral AFC home is a two-story colonial style construction of brick and wood veneer covered with aluminum siding. The home has a side drive with a two car detached garage. The rear of the home has a wooden deck and the home is located on the corner of a single-family residential area in the city of Redford. The home has a full basement where the heat plant and laundry are located. The Licensee designee has been made aware that no resident, staff, nor individuals may occupy the basement as living quarters.

The interior of the home contains two bedrooms on the upper level of the home with one full bath. The main floor contains three bedrooms with a full bath, a kitchen, dining/living room, and family room.

Bedrooms were measured and found to be the following dimensions:

First Floor:

Bedroom#1: 107 square feet to accommodate 1 resident
Bedroom#2: 121 square feet to accommodate 1 resident
Bedroom#3: 90.09 square feet to accommodate 1 resident

Second Floor:

Bedroom#4: 132 square feet to accommodate 2 residents
Bedroom#5: 103 square feet to accommodate 1 resident

Total bedroom capacity is 6.

Living space calculations: Living room/dining area measures: $21.3 \times 12.5 = 266.25$ square feet. Family room measures $12.7 \times 9.4 = 119.38$ square feet. Total square footage = 385.63 divided by 6 residents = 64 square feet of living space which is more than the 35 square feet of living space per occupant as required by the Administrative rules.

Sanitation:

Cathedral AFC utilizes city water and sewer.

Fire Safety:

The heat plant of the home is located in the basement area of the home. The heat plant is enclosed in the basement area with dry wall. The fire door is a 1-¾ inch solid core wood door with a self-closing device and positive latching hardware. Evacuation plans have been posted throughout the facility to acknowledge means of egress for emergency exit. Hard wire interconnected smoke detectors with battery back up are located between the sleeping areas, and living areas in the home including the heat plant in the basement .

Zoning:

Zoning regulation does not apply to adult foster care homes for six or less.

B. Program Description

The Admission/Discharge policy has been submitted for review and accepted as written. The licensee indicates that they intend to provide 24-hour care and supervision for 6 mentally ill adults. The program will offer the following program elements to residents:

- Basic self-care and habilitation training
- Social education
- Personal Adjustment
- Day programs
- Counseling
- Transportation

C. Applicant and Administrative Qualifications

The applicant, Trustcare Group Homes Inc. has no other licensed adult foster care facilities in the state of Michigan. A licensing clearance request was completed for the licensee designee / administrator with no lien convictions recorded and a medical clearance request was received with statements from a physician documenting the good health and current TB-tine negative results.

The applicant has indicated the staffing pattern for the original license of this six (6) bed facility will be one (1) staff -to- six (6) residents per shift and will require that all staff must be awake during sleeping hours.

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

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 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, Medication procedures have been reviewed and resident medication will be stored in a locked cabinet. Daily medication logs will be kept on every resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding informing and providing each resident with a copy of their resident rights and 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.

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

D. 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 Date
Licensing Consultant

Approved By:

Christopher J. Hibbler Date
Area Manager