



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

June 29, 2005

Real Place Inc.
16832 Lawton
Detroit, MI 48221

RE: Application #: AS820273887
Real Place Inc.
25630 W. Chicago
Redford, MI 48239

Dear Real Place 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,

Susan Williams, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0427

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820273887
Applicant Name:	Real Place Inc.
Applicant Address:	16832 Lawton Detroit, MI 48221
Applicant Telephone #:	(313) 491-3464
Administrator/Licensee Designee:	Renee Alford
Name of Facility:	Real Place Inc.
Facility Address:	25630 W. Chicago Redford, MI 48239
Facility Telephone #:	(313) 310-5950
Application Date:	02/08/2005
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/08/2005	Enrollment
03/15/2005	Application Incomplete Letter Sent
04/16/2005	Contact - Telephone call received will send policies
04/29/2005	Contact - Document Received policies received
05/09/2005	Contact - Telephone call made still need documents
06/09/2005	Contact - Telephone call received ready for inspection
06/13/2005	Inspection Completed On-site
06/24/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story, ranch style brick home with an attached garage, and adequate off-street parking. The facility has a full basement that is not approved for resident use. The facility is located in a residential area in Redford. The facility is equipped with an interconnected smoke detector, which are powered by the buildings electrical system and has battery back up. The alarm system was installed by a licensed electrician and is fully operational. When activated, the system initiate an alarm that is audible in all sleeping rooms with the doors closed. The facility has central air conditioning.

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 1 3/4 inch, solid core door that is equipped with an automatic self-closing device.

The facility consists of a living room, a full bathroom, and three (3) resident bedrooms. There is a large kitchen with dining area that is attached by a half-wall to a large den with a fireplace. The den has French-doors that open to a large covered patio/porch with 2 picnic tables, a gas grill, and other furnishings for resident use. There is a large fenced-in backyard.

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

Bedroom # 1	147 sq. ft.	2 resident beds
Bedroom # 2	133 sq. ft.	2 resident beds
Bedroom # 3	130 sq. ft.	2 resident beds

The living room and den measure 312 square feet of living space, which exceeds the required 35 square feet per occupant of the home.

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 or female adults whose diagnosis is developmental disability and/or mental illness. The program will provide the service, transportation, social, emotional, and supervision needs of the resident in the most normal homelike atmosphere in an environment, which offers opportunity to reach his/her highest potential, to be a productive citizen.

The program and services provided to the residents shall include necessary basic self-care and habilitation training. Social education training will be provided and include participation in community group programs and utilization of community recreational facilities. The goals and objectives will range from the maintenance of a resident in the community to the development of prevocational skills to permit placement in a sheltered workshop setting. These activities will be guided by an individual assessment plan developed by the responsible agency, the home, and other related professionals. Residents will be referred from several agencies with which the applicant will contract, i.e.; Wayne Center, Adult Well-Being, Gateway, and Care-Link. The facility will provide trained dedicated staffing with 24-hour supervision.

The applicant will make available transportation to and from program resources in the community including consultation, medical, and other related services. The facility will make provision for a variety of leisure and recreational equipment. In addition, the facility will utilize local community resources including public schools, the public library and local parks.

C. Applicant and Administrator Qualifications

Real Place Inc. is a non non-profit corporation, which appointed Renee Alford as the licensee designee/administrator. Ms. Alford has served as administrator for Graves, Inc., managing an adult foster care facility for several years. She has extensive

experience working with the mentally ill and developmentally disabled population. She is currently the assistant manager for Jewish Association for Retired Citizens in Oakland, county.

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 staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff – 6 residents per shift. Additional staff will be added according to the needs of the resident population.

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 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 their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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.

