



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

August 12, 2005

Bernita Easley
14924 Elmdale
Detroit, MI 48213

RE: Application #: AF820263538
Easley Manor
336 Grove
Highland Park, MI 48203

Dear Ms. Easley:

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,

Carl Jones, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0426

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

I. IDENTIFYING INFORMATION

License #:	AF820263538
Applicant Name:	Bernita Easley
Applicant Address:	14924 Elmdale Detroit, MI 48213
Applicant Telephone #:	(313) 526-6160
Administrator/Licensee Designee:	N/A
Name of Facility:	Easley Manor
Facility Address:	336 Grove Highland Park, MI 48203
Facility Telephone #:	(313) 340-0050
Application Date:	10/14/2003
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

10/14/2003	Enrollment
12/23/2003	Contact - Document Sent 1326 Request for Bernita
01/07/2004	Comment Transferred for on-site - Entire LU file sent to Detroit
01/08/2004	Comment mailed to Detroit
07/19/2005	Inspection Completed On-site
08/11/2005	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential area of the city of Highland Park. The facility is a two story frame building with a full basement that is not approved for resident use. The total square footage of this facility's living space is 450 square feet, which adequately meets the 35 square foot per resident requirement. The home is equipped with a hardwire smoke alarm system, which was installed by a licensed electrician and is fully operational.

The basement contains a large storage area, the laundry area, and the heat plant which is separated from the rest of the facility by a fire door.

The first floor consists of a living room, dining room and kitchen, and a private living quarters. The second floor consists of (3) three bedrooms and a full bathroom. There is a front porch and back yard area that can be used for smoking or recreation when seasonably appropriately.

Bedrooms were measured during the initial on-site inspection and were found to be of the following dimensions:

Second Level

NE Bedroom	140 sq. ft.	Capacity 2
SE Bedroom	252 sq. ft.	Capacity 3
NW Bedroom	110 sq. ft.	Capacity 1

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (**6**) ambulatory, male and female adults whose diagnosis is mentally ill or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no lien convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The supervision of residents in this family home licensed for (**6**) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the training and qualifications requirements for the responsible person or volunteers and/or staff to provide a specialized program prior to each person working in the home in that capacity or providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer or 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 responsible persons or any additional staff or volunteers 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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.

The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

No rule violations were observed during the final onsite inspection of 7/19/2005.

