



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 18, 2005

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

RE: Application #: AS820278355
Redford AFC
20454 Woodworth
Redford, MI 48240

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 (734) 665-4740.

Sincerely,

Julie Loncar, Licensing Consultant
Office of Children and Adult Licensing
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-2633

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820278355

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: Redford AFC

Facility Address: 20454 Woodworth
Redford, MI 48240

Facility Telephone #: (313) 535-6027
08/23/2005

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/23/2005	Enrollment
08/26/2005	File Transferred To Field Office Ann Arbor
09/14/2005	Contact - Telephone call received Licensee Designee
09/14/2005	Application Incomplete Letter Sent
10/17/2005	Inspection Completed On-site

10/17/2005	Inspection Completed-BFS Sub. Compliance Confirming letter sent
11/03/2005	Inspection Completed-BFS Full Compliance
11/21/2005	SC-Application received-Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story vinyl sided bungalow in Redford, with four bedrooms and two full baths. Two bedrooms are upstairs with a full bath and two bedrooms are downstairs with another full bath. The home has a full basement with laundry facilities, dining room, living room, kitchen and office area for staff. The home is connected to the municipal water and sewage system and has an inter-connected smoke detection system connected through the electrical wiring in the home. The home has a 1 and $\frac{3}{4}$ inch floor separation door that provides a barrier between the gas furnace heat unit in the basement and the rest of the home.

The two 2nd floor bedrooms each have an allowed capacity of two residents each and the two 1st floor bedrooms have capacity for one resident each for a total capacity of six residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from one of the Community Mental Health contract agencies.

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.

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 schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

This is the second licensed Adult Foster Care Home for Trustcare Group Homes Inc., which also has a home in Redford called Cathedral AFC, with an Original License of 12/20/2004 and a capacity of six residents.

A licensing record clearance request was completed with no lien convictions recorded for the Licensee Designee, Bose Ogbeifun who is also the Administrator. The Licensee Designee/Administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

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

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift.

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 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.

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 all of 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.

C. Rule/Statutory Violations

All violations previously noted have been corrected.

IV. RECOMMENDATION

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

Julie Loncar Date
Licensing Consultant

Approved By:

Linda Lee Date
Area Manager