



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 9, 2005

Josephine Akunne  
Kamman Adult Foster Care Hm Inc  
Ste 180  
3820 Packard Road  
Ann Arbor, MI 48108

RE: Application #: AS820279058  
Mother Cabrini #5  
18042 Roselawn  
Detroit, MI 48211

Dear Mrs. Akunne:

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**

<b>License #:</b>	AS820279058
<b>Applicant Name:</b>	Kamman Adult Foster Care Hm Inc
<b>Applicant Address:</b>	Ste 180 3820 Packard Road Ann Arbor, MI 48108
<b>Applicant Telephone #:</b>	(734) 973-7764
<b>Administrator/Licensee Designee:</b>	Josephine Akunne, Designee
<b>Name of Facility:</b>	Mother Cabrini #5
<b>Facility Address:</b>	18042 Roselawn Detroit, MI 48211
<b>Facility Telephone #:</b>	(313) 416-2687
<b>Application Date:</b>	09/15/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL AGED PHYSICALLY HANDICAPPED

## **II. METHODOLOGY**

09/09/2005	Inspection Completed On-site
09/15/2005	Enrollment
09/15/2005	Comment Conference with Area Manager regarding secondary egress
09/15/2005	Contact - Telephone call made conferred with licensee designee regarding egress requirements
09/15/2005	SC-Application Received - Original
09/20/2005	File Transferred To Field Office Detroit
09/27/2005	Application Incomplete Letter Sent
11/17/2005	Inspection Completed-BFS Full Compliance
12/09/2005	SC-Certification issued MI

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The structure is a two-story brick home and houses two separate adult foster care facilities. Mother Cabrini #5 is located on the second floor above Mother Cabrini #1. The building has a separate front and rear exit for each facility. Mother Cabrini #5 has their own heat plant, hot water heater, and laundry facilities, which are all located in the basement. The basement is not approved for resident use. There is a side driveway and a large fenced in backyard. The facility is equipped with a hardwire smoke alarm system with battery back up. It was installed by a licensed electrician and is fully operational. The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in a fully enclosed room in the basement and is separated from the rest of the facility by a fire rated door that is equipped with a self-closure.

The facility consists of living room, kitchen, dining room, full bathroom, and three double occupancy bedrooms.

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

Bedroom # 1	153 square feet	2 resident beds
Bedroom # 2	170 square feet	2 resident beds
Bedroom # 3	266 square feet	2 resident beds

The living room provides 357 square feet and that exceeds the minimum required 210 square feet for six occupants.

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 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 and 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 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 Gateway and Care Link.

If required behavioral intervention and crises 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**

The applicant and licensee, Kaman Adult Foster Care Homes, Inc. is a Domestic Nonprofit Corporation, incorporated 7/13/1979, also operates six (6) other adult foster care facilities that are located in Wayne County. Ms. Josephine Akunne has been appointed by the Board of Directors to act as Licensee Designee and Administrator for both adult foster care facilities.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Akunne. Ms. Akunne submitted a medical clearance request with statements from a physician documenting her good health and current TB-Tine negative results.

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

The applicant has indicated that the staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant indicated that all staff shall be awake during sleeping hours.

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 lein 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.

#### **IV. RECOMMENDATION**

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

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Susan Williams	Date
Licensing Consultant	

Approved By:

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Christopher J. Hibbler	Date
Area Manager	