



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

March 22, 2006

Amen's Care, Inc.
9014 Rockland
Redford, MI 48239

RE: Application #: AS820280757
Amen's Care
9014 Rockland
Redford, MI 48239

Dear Amen's Care, 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 (734) 665-4740.

Sincerely,

A handwritten signature in blue ink that reads "Julie Loncar".

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 #: | AS820280757 |
| Applicant Name: | Amen's Care, Inc. |
| Applicant Address: | 9014 Rockland Redford, MI 48239 |
| Applicant Telephone #: | (313) 478-1374 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Amen's Care |
| Facility Address: | 9014 Rockland Redford, MI 48239 |
| Facility Telephone #: | (313) 478-1374 |
| Application Date: | 11/29/2005 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 11/29/2005 | Enrollment |
| 01/10/2006 | File Transferred To Field Office Ann Arbor |
| 01/12/2006 | SC-Application Received - Original |
| 02/23/2006 | Inspection Completed On-site |
| 03/02/2006 | Contact - Telephone call received Licensee ready, inspection scheduled |
| 03/09/2006 | Inspection Completed On-site |
| 03/09/2006 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story, six bedroom, three bath colonial home located in the suburb of Redford, Michigan. The facility has a large living and dining area that exceeds the requirements of **Rule 405 (1)** regarding adequate living space. The second floor has a full bath and four bedrooms, two of which will be used for residents. One room will be an office area for staff and the second room will be a day room for additional living space for the residents. The two 2nd floor bedrooms measure 176sq. ft and 165 sq. feet for a capacity of two residents each. The two first floor bedrooms measure 110 sq. feet and 121 sq. ft for a capacity of one resident per room. The total capacity of the facility will be six residents. The home has a full basement with laundry provisions and new forced air gas furnace recently installed. The home has a large yard area for resident use also.

The home has an inter-connected smoke detection alarm system connected through the homes electrical system that will sound all alarms when one detector is activated. The home also has public water and sewage through the city of Redford.

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 (06) 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. 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

A licensing record clearance request was completed with no lien convictions recorded for the applicant Amen's Care Inc. Licensee Designee Uchenna Ndubuisi and the Administrator, Osaretin Uwaifo. The Licensee Designee and Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator 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

There were no violations noted.

IV. RECOMMENDATION

I recommend issuance of a temporary license and Special Certification for the MI/DD population for this AFC adult small group home (capacity 1-6).



Julie Loncar
Licensing Consultant

March 22, 2006
Date

Approved By:



Linda Lee
Area Manager

March 23, 2006
Date

