



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

March 27, 2006

Agape Adult Foster Care Home Inc.
PO Box 32026
Detroit, MI 48232

RE: Application #: AS500281141
Agape Adult Foster Care Home Inc.
36715 Waltham
Sterling Heights, MI 48310

Dear Agape Adult Foster Care Home Inc.:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 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 (248) 975-5053.

Sincerely,

Maureen J. Fisher, Licensing Consultant
Office of Children and Adult Licensing
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(586) 412-6832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500281141
Applicant Name:	Agape Adult Foster Care Home Inc.
Applicant Address:	36715 Waltham Sterling Heights, MI 48310
Applicant Telephone #:	(313) 622-8864
Administrator/Licensee Designee:	N/A
Name of Facility:	Agape Adult Foster Care Home Inc.
Facility Address:	36715 Waltham Sterling Heights, MI 48310
Facility Telephone #:	(586) 264-2357 11/14/2005
Application Date:	
Capacity:	5
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

11/14/2005	Enrollment
01/06/2006	Application Incomplete Letter Sent
01/11/2006	Inspection Completed On-site Preliminary inspection; additional document still outstanding.
03/20/2006	Application Complete/On-site Needed
03/22/2006	Inspection Completed On-site Final inspection
03/22/2006	Inspection Completed-BFS Sub. Compliance
03/22/2006	Corrective Action Plan Received
03/22/2006	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a quad-level home of brick and aluminum-sided construction located on a standard-sized fenced lot in the City of Sterling Heights. The home has an attached, two-car garage and an unfinished basement, a living room, family room, kitchen with dining area, three bedrooms, and 1 ½ baths. The facility is not wheelchair accessible. This home and the surrounding community are serviced by city water and sewer systems. The home previously operated as an Adult Foster Care facility; this application is due to a change in ownership. The residents from the prior facility have remained in the home during the change of licensure.

The facility features a total of 388 square feet of living space for residents, adequate for the applicant's request for licensure for five residents. The family room, located on the lower level of the facility, has been designated as staff office space and, therefore, is not included in the available living space. The dimensions of the living space are as follow:

Living room	28'2" x 12'	338 square feet
Dinette	9' x 5'7"	50 square feet

The bedrooms and full bath are located on the upper level of the facility. The dimensions and maximum occupancy of each bedroom are as follow and can accommodate the applicant's request for licensure for five residents:

West bedroom	10'2" x 13'	132 square feet, can accommodate 2 residents
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Middle bedroom	11'10" x 9'	115 square feet, can accommodate 1 resident
East bedroom	11' x 12'10"	141 square feet, can accommodate 2 residents

I conducted a fire safety inspection on 3/22/2006 and found the facility to be in full compliance with applicable fire safety rules and regulations. The facility has an electrically-powered interconnected hard-wire smoke detection system with battery back up which was inspected by a certified installer at the time of the sale of the facility and found to be in good working order. The plumbing, electrical, and heating systems were all inspected by qualified providers at the time of the sale of the facility and were found to be in good working order. All systems appeared to be in good working order at the time of my final inspection on 3/22/2006.

The licensee designee of Agape Adult Foster Care Home, Inc owns the facility, Cynthia Robbins, who has designated the use of the property as an adult foster care facility. Agape Adult Foster Care Home Inc. was established in the State of Michigan 11/2/2005 and this is the first adult foster care facility to be licensed to this corporation. The corporation has named Cynthia Robbins as the licensee designee and administrator for the facility. Ms. Robbins is a registered nurse and meets the experience, training, and education requirements specified by regulation. Licensing record clearance was completed as to Ms. Robbins. Ms. Robbins provided a health care appraisal and documentation that she is free of communicable tuberculosis as required by regulation.

Zoning approval is not required for this facility as it meets the requirements of the Federal Fair Housing Amendment.

B. Program Description

The facility offers a program for mentally ill and aged male and female adults. All application materials were reviewed onsite during the inspection of 3/22/2006. I determined that the applicant was in substantial compliance with all applicable rules and regulations. Record keeping requirements for resident, employee, and facility records were reviewed with Ms. Robbins who expressed the intention to comply with all requirements.

C. Rule/Statutory Violations

R 400.14402

Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with

approved thermometers.

I observed that the thermometer located in the refrigerator freezer was not in working condition. Ms. Robbins provided a corrective action plan stating that she would purchase and install an appropriate thermometer on 3/22/2006.

VIOLATION ESTABLISHED

R 400.14403

Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

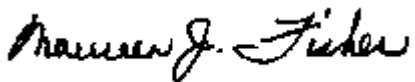
I observed that the applicant had made repairs to the drywall in the home but had not completed the repairs by painting the walls throughout the facility. I further observed that the upper surface of the partition between the toilet and vanity in the full bathroom was damaged and needed to be patched and painted.

Ms. Robbins provided a corrective action plan indicating that the interior walls of the facility would be painted within 90 days of the date of inspection. Ms. Robbins additionally indicated that the partition in the bathroom would be repaired and painted within 90 days.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).



Maureen J. Fisher
Licensing Consultant

3/22/2006

Date

Approved By:



3/27/06

Date

Area Manager

