



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 7, 2006

Platinum Care, Inc.
3129 Golfview Dr.
Saline, MI 48176

RE: Application #: AS820282331
Platinum Care, Inc.
8680 Hugh St.
Westland, MI 48185

Dear Platinum 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 #: AS820282331

Applicant Name: Platinum Care, Inc.

Applicant Address: 3129 Golfview Dr.
Saline, MI 48176

Applicant Telephone #: (248) 941-1140

Administrator/Licensee Designee: Alphonsus Obi - Kingsley Amadi

Name of Facility: Platinum Care, Inc.

Facility Address: 8680 Hugh St.
Westland, MI 48185

Facility Telephone #: (734) 338-9124

Application Date: 03/07/2006

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/07/2006	Enrollment
03/14/2006	File Transferred To Field Office Ann Arbor
03/29/2006	Application Incomplete Letter Sent
04/21/2006	Consultation Requested/Provided
05/01/2006	Application Complete/On-site Needed
05/25/2006	Inspection Completed On-site
05/25/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story, newly built home in the suburb of Westland with three bedrooms and two and ½ baths. The first floor has a bedroom with full bath measuring 210 sq. feet for a capacity of 2, the 2nd floor has two bedrooms each measuring 182 sq feet for a capacity of 4, two in each room. There is a full bath on the 2nd floor of the facility. The home has a large kitchen/dining and living room area and a walk out door off the kitchen with a patio and large yard area for resident use. The home has municipal water and sewage and an inter-connected smoke detection system that will sound all alarms when one alarm is activated. The facility has a forced air heating system with a recently installed new furnace and a full basement with laundry facilities.

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 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 Licensee Designee, Kingsley Amadi, who represents the applicant Platinum Care Inc. The Administrator for Platinum Care Inc, Alphonsus Obi, has also completed a record clearance and has no lien convictions recorded. The Licensee Designee and the Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine/chest x-ray 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 six bed facility is adequate and includes a minimum of 1 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 employees and contractors who provide either direct service to or have direct access to the residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized 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.

Platinum Care Inc. has submitted a Special Certification application to care for the mentally ill and developmentally disabled population and a six month Temporary Certification will be issued.

C. Rule/Statutory Violations

There were no rule violations noted.

IV. RECOMMENDATION

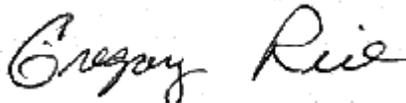
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Julie Loncar
Licensing Consultant

06/07/2006
Date

Approved By:



06/07/2006

Gregory Rice
Area Manager

Date

