



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 15, 2006

Kenyata Hamilton
8136 Sirron
Detroit, MI 48234

RE: Application #: AS820279800
Kenyata's AFC
8136 Sirron
Detroit, MI 48234

Dear Kenyata Hamilton:

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,

Carl Jones, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0426

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

I. IDENTIFYING INFORMATION

License #:	AS820279800
Applicant Name:	Kenyata Hamilton
Applicant Address:	8136 Sirron Detroit, MI 48234
Applicant Telephone #:	
Administrator/Licensee Designee:	N/A
Name of Facility:	Kenyata's AFC
Facility Address:	8136 Sirron Detroit, MI 48234
Facility Telephone #:	(313) 893-5022 08/22/2005
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/22/2005	Enrollment
10/17/2005	File Transferred To Field Office Detroit
10/19/2005	Comment Documents received - Detroit OCAL
10/20/2005	Application Incomplete Letter Sent
06/09/2006	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential area of the city of Detroit. The facility is a two-story brick building. The home has a full basement that is not approved for resident use. The facility is fully equipped with a hardwire smoke detection system, which was installed by licensed electrician and is fully operational. The total square footage of the living area is 950 square feet, which adequately meets the need of 35 square feet per resident requirement. There is a backyard area that can be used for resident activity and smoking when seasonably appropriate.

The basement contains two large areas, the laundry area, heat plant and storage areas. The heat plant is located in the basement and is separated from the first floor by a 1-3/4 inch, solid core fire door that is equipped with an automatic self-closing device. The first floor consists of the kitchen, dining room, living room, a bedroom and a full bathroom.

The second floor consists of (2) two bedrooms and a full bathroom.

Bedrooms were measured during the initial on-site and were found to be of the following Dimensions:

FIRST FLOOR

SW Bedroom	155 sq. ft.	Capacity 2
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SECOND FLOOR

NW Bedroom	135 sq.ft.	Capacity 2
NE Bedroom	140 sq.ft.	Capacity 2

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 ten (6) male 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: (community mental health 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

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. 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 licensee designee and 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 1 staff –to- 6 residents per shift. 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 employees and contractors who provide either direct service to or have direct access to residents. of the facility. The applicant has indicated that the requirements and procedures outlined in MCL 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.

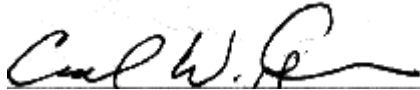
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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.

D. Rule/Statutory Violations

This facility has been found to be in full compliance with the rules and regulations for small group (1-6) facilities.

IV. RECOMMENDATION

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

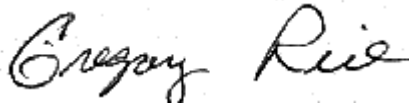


6/15/06

Carl Jones
Licensing Consultant

Date

Approved By:



6/16/06

Gregory Rice
Area Manager

Date