



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

July 7, 2006

Josephine Akunne
Tyler Adult Foster Care, Inc.
3820 Packard, Suite 180
Ann Arbor, MI 48111

RE: Application #: AS820281987
Jenkins Manor
19353 Antago
Livonia, MI 48152

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 (248) 975-5051.

Sincerely,

John Pochas, Licensing Consultant
Office of Children and Adult Licensing
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(248) 975-5085

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820281987
Applicant Name:	Tyler Adult Foster Care Inc
Applicant Address:	Suite 180 3820 Packard Ann Arbor, MI 48111
Applicant Telephone #:	(734) 973-7764
Administrator/Licensee Designee:	Josephine Akunne, Designee
Name of Facility:	Jenkins Manor
Facility Address:	19353 Antago Livonia, MI 48152
Facility Telephone #:	(734) 973-7764
Application Date:	02/23/2006
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II METHODOLOGY

02/23/2006	Enrollment
02/27/2006	File Transferred To Field Office Bloomfield Hills
03/01/2006	Comment File rec'd via ID mail
03/20/2006	Application Incomplete Letter Sent
05/18/2006	Application Complete/On-site Needed
05/19/2006	Inspection Completed On-site
06/14/2006	Inspection Completed – Full Compliance
06/20/2006	Contact- Telephone call made
07/06/2006	Recommend License Issuance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

A. Physical Description of Facility

Jenkins Manor is located at 19353 Antago, Livonia, Michigan 48152. The home is situated north of Seven Mile Road and east of Inkster Road, in Wayne County, Michigan. Hyacinth and Josephine Akunne, 1660 Pond Shore Dr., Ann Arbor, Michigan are the owners of record for the property. Proof of ownership is contained in the facility file.

Jenkins Manor is cement and aluminum sided ranch without a basement or garage. The home is in a suburban area. The home is landscaped and the interior of the home is comfortable, clean, and nicely decorated. The home has an addition wing containing six (6) bedrooms.

The main entrance opens into a living room and a kitchen area straight ahead. A dining room is to the left of the kitchen, which is itself, adjacent to a large family room. Proceeding from the living room, one enters the added wing, which contains six (6) bedrooms along a single corridor. Two full and two half baths are located in the home. A washer and dryer are located off the living room area. A gas-fired furnace and water heater is located off the kitchen and enclosure of the furnace is achieved by the installation of a metal fire rated door with self – closing device.

Resident bedrooms were measured at the time of initial inspection and were found to be of the following dimensions and accommodation capability:

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ. FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom # 1	13'7"X 10'11"	138	1
Bedroom # 2	16' X10'	160	1
Bedroom # 3	16'X 10'	160	1
Bedroom # 4	15'3"X 9'1"	139	1
Bedroom # 5	14'X 9'6"	134	1
Bedroom # 6	15'7"X 7'6"	148	1
Bedroom # 7			Utility
Bedroom # 8			Live in staff
Total Occupancy: 6			

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 6 adults as requested in the application.

The living space for the home was measured and is listed below:

The home has a living room that measures 22'5" X 11'11" a dining area that measures 19'10" X 8'2", a family room that measures 22 X 18 and a kitchen that measures 10' X 7'7". (+3 x 7.7") The approved capacity for the home is 6. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

Jenkins Manor has public water and sewage services. Garbage disposal is supplied through the private company, Waste Management Inc. The kitchen and bathroom areas were evaluated, and were found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R 400.14401(2). The home also met the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located off the family room. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

2. Fire Safety

Jenkins Manor has a fully integrated hard wired smoke detection system installed to meet the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has fire extinguishers located on the main floor, which meet the requirements of R 400.14506. The home has two means of egress from the main floor and the exit doors all meet the requirements of rules R 400.14507 and R 400.14509. The bedrooms of the home also have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home has prefinished hardboard panels in the dining and family rooms. The licensing record contains the manufactures flame spread rate, which is within the Class C rating. Ceiling tiles present in the home had manufacturers assurance of class c rating as well. The home was previously licensed as a family AFC. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R400.14504.

The home has two separate and independent means of egress to the outside as required by R400.14507. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware.

A gas forced air system heats the facility. The furnace was recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. The furnace and the gas hot water heater are located off the kitchen. The licensee was advised that water temperature should be monitored on a regular basis. The water temperature was tested at the final inspection and found to be in compliance with the rule R 400.14401(2). I also found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire

extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Livonia. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensee has indicated that it is the licensee's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness.

B. Program Description

1) Program Statement

The licensee submitted a copy of the program statement to the Department for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program and services for male and female mentally ill and developmentally disabled adults. The applicant, requested in writing, that the traumatically brain injured population identified in the licensing application, be rescinded. According to the program statement, the program and support services will build upon the individual's capacity to engage in activities that will promote community integration. Basic self-care and habilitation training will be promoted through on-going guidance in the areas of dressing, grooming, nutrition, supervision, protection and medication disbursement and management.

2) Required Information

On 03/10/06, the Department received a license application and application fee from Ms. Josephine Akunne, to operate a small group AFC facility at the above referenced address in Livonia, Michigan. The applicant is seeking to operate a program for mentally ill men and women.

As part of the application process the licensee submitted admission, discharge policies for the Jenkins Manor home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The administrative structure for Tyler AFC Inc. is as follows:

Board of Directors:

Josephine Akunne
Barbara Okonkwo
Obioma Nwachukwu
Hyacinth Akunne

CEO/President:	Josephine Akunne
Administrator:	Frances Gilliam
Program Managers:	Renee Wood

A Records Clearance Request has been processed for Mrs. Josephine Akunne. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and is suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Akunne is also contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file with the Department. As referenced above Mrs. Akunne submitted financial information as part of the new application process. The applicant submitted a projected budget. Based on the information presented, I have determined that the applicant has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

3) Qualifications and Competencies

The applicant, Mrs. Josephine Akunne, have been involved in providing Adult Foster Care services for over 20 years. Ms. Akunne currently operates the following Adult Foster Care facilities:

Tyler Home:	AM820009931
Homestead Taylor:	AL820007637
Cambria House:	AS630014729
Homestead Res. Of Beverly Hills:	AS630016029
Carnegie Home:	AS820014317
Beechwood Living Center:	AM820010073

Based on such previous experience, Ms. Akunne has demonstrated that she has the administrative and management expertise to run the Adult Foster Care facility. Based on the materials submitted I conclude that Ms. Pop has demonstrated her competency as required by the rule R 400.14201.

At the time of the final inspection, Ms. Frances Gillium, the administrator, indicated that there were no changes to report in information previously submitted in this application for a license. The licensee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is their intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Akunne is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee.

As required by the rule R400.14202, the home has a designated administrator. Ms. Frances Gillium will act as administrator for the Jenkins Manor. Based on the information submitted and information reviewed in the home at the time of the final inspection, Ms. Frances Gillium meets the requirements of the rules and is qualified based on her background and training to act as administrator for Jenkins Manor.

The licensee understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review, and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R 400.14206.

Individuals, who are interested in placement into Jenkins Manor, should contact Ms. Gillium at the facility. The licensee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

4) Facility and Employee Records

I have reviewed Jenkins Manor's personnel policies contained in the licensing file. I have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Jenkins Manor were reviewed and were submitted to the department. They are acceptable as written. I have also discussed with the licensee the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the licensee (Public Act 29 of 2006). I have reviewed the process that the home will follow and find it meets the intent of the administrative rules. The licensee is well aware of the requirements for employee records based on current experience in Adult Foster Care.

a) Facility Records in General (Rule R400.14209)

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with the licensee and the licensee indicates that it is the intent of the licensee to comply with this requirement. Copies of required Department forms were also given to the home administrator during the course of the pre-licensing period. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant/home administrator understands the requirements set forth in rule R400.14313; and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Gillium has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The licensee was also advised that a licensed physician must order any special diets implemented in the home.

b) Employee Records (rules R400.14204 and R400.14208)

Based on the licensee's previous experience, the licensee is well aware of the requirements for staff qualifications and training and intends to comply with the rules. The licensee understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. The licensee will also verify age, check references and conduct police clearances before a person is offered employment. The licensee will provide an orientation and training of its own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the

time of inspection, the administrator understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

5) Resident Care, Services, and Records

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the administrator. The administrator has indicated that it is the home's intent to comply with these requirements. During the course of the pre licensing investigation, I advised the administrator of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The licensee attests that it is the intent of the home to achieve and maintain compliance with these requirements. The licensee has been supplied with a supply of the required Department forms.

Also discussed, were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The licensee has again indicated that it is her intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator at the time of the final inspection. The licensee was provided with copies of the Department forms Resident Funds and Valuables Parts II & I. The licensee is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

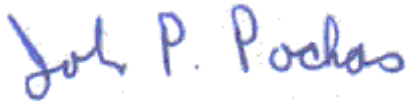
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The administrator is aware of the requirements of rules R400.14318 and R400.14319, and assures me that the licensee will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, located at 19353 Antago, Livonia, Michigan 48152 for a capacity of 6.



John Pochas
Licensing Consultant

07/07/2006

Date

Approved By:



Barbara Smalley
Area Manager

07/10/2006

Date