



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

July 7, 2006

GF Adult Foster Care Home  
28939 Lake Park Dr.  
Farmington Hills, MI 48331

RE: Application #: AS820281834  
House of Grace  
33006 Akron  
Westland, MI 48186

Dear GF Adult Foster Care Home:

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,

Jeff Bozsik, Licensing Consultant  
Office of Children and Adult Licensing  
2121 W. Stadium  
Ann Arbor, MI 48103  
(734) 665-4741

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820281834

**Applicant Name:** GF Adult Foster Care Home

**Applicant Address:** 28939 Lake Park Dr.  
Farmington Hills, MI 48331

**Applicant Telephone #:**

**Administrator/Licensee Designee:** Ethel Ayorinde

**Name of Facility:** House of Grace

**Facility Address:** 33006 Akron  
Westland, MI 48186

**Facility Telephone #:** (248) 324-3737

**Application Date:** 02/08/2006

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

|            |  |
|------------|--|
| 02/08/2006 | Enrollment   |
| 02/10/2006 | File Transferred To Field Office<br>Ann Arbor  |
| 03/06/2006 | Application Incomplete Letter Sent   |
| 04/06/2006 | Contact - Face to Face<br>Orientation-policies incomplete, tb, personnel pol., ownership |
| 05/15/2006 | Application Incomplete Letter Sent   |
| 07/05/2006 | Inspection Completed On-site   |
| 07/07/2006 | Inspection Completed-BFS Full Compliance   |
| 07/07/2006 | SC-ORR Response Received-Approval  |
| 07/07/2006 | SC-Recommend MI and DD   |
| 07/07/2006 | SC-Certification issued MI and DD  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is located in a residential neighborhood with both public water and public sewer. The facility was a duplex converted to a single family home. It is not wheelchair accessible. There is 345 s.f. of living space. The bedrooms measure: 1) NE: 152 s.f.- 2 residents; 2) NW: 128 s.f.- 1 resident; 3) SW: 128 s.f.- 1 resident; and 4) SE: 152 s.f.- 2 residents. There is a maximum of 6 residents.

The home is equipped with hard wired interconnected smoke alarm system that is fully operational. The home is in full compliance with fire safety rules.

Emmanual Ayorinde owns the home.

### B. Program Description

#### 1. Administrative structure and capability

GF Adult Foster Care Inc is the applicant for the home. The corporation has designated Ethel Ayorinde as the licensee designee and administrator. Ms. Ayorinde will employ direct care staff.

## 2. Qualifications and competencies

The department has received acceptable licensing record clearances, medical certifications and TB test results on the applicant. Ms. Ayorinde meets the requirements of licensee designee and administrator.

## 3. Program information

The home will provide room and board, personal care and supervision for adults.

The applicant will be certified to provide specialized residential services to both the Mentally Ill and Developmentally Disabled populations. See program statement for details.

## C. Rule/Statutory Violations

There are no rule/statutory violations.

## IV. RECOMMENDATION

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

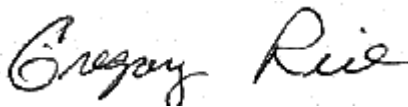


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Jeff Bozsik  
Licensing Consultant

Date: 7/7/06

Approved By:



7/20/2006

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Gregory Rice  
Area Manager

Date