



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

July 24, 2006

Ngozi Ukandu  
Ozi Services, Inc.  
20115 Houghton Street  
Detroit, MI 48219

RE: Application #: AS820273444  
New Haven  
20115 Houghton St.  
Detroit, MI 48219

Dear Mrs. Ukandu:

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,

*Tony Kairis*

Tony Kairis, Licensing Consultant  
Office of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 456-0408

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820273444
<b>Applicant Name:</b>	Ozi Services, Inc.
<b>Applicant Address:</b>	20115 Houghton Street Detroit, MI 48219
<b>Applicant Telephone #:</b>	313-341-6971
<b>Administrator/Licensee Designee:</b>	Ngozi Ukandu, Designee
<b>Name of Facility:</b>	New Haven
<b>Facility Address:</b>	20115 Houghton St. Detroit, MI 48219
<b>Facility Telephone #:</b>	(313) 532-1267 01/31/2005
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

01/31/2005	Enrollment
02/01/2005	File Transferred To Field Office Detroit
03/10/2005	Application Incomplete Letter Sent
03/03/2006	Application Incomplete Letter Sent second notice sent-given licensee ten days or application will close
07/20/2006	On-site inspection
07/21/2006	Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch brick/aluminum siding building with a full basement that is not approved for resident use. There is a driveway, with the garage being accessible from the street. There is a large fenced-in backyard for resident use. The home is equipped with hard-wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules. The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in the basement along with the laundry facilities. The heat plant is enclosed in a one-hour enclosure, which is separated from the rest of the facility by a fire rated door that is equipped with a self-closure. The licensee provided documentation that the ceiling tiles in the basement are Class C or better.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The first floor consists of a large living room, dining room, and kitchen and kitchen nook.

Bedrooms were measured during the initial on-site inspection and have the following dimensions:

NE Bedroom	133 square feet	2 resident beds
SE Bedroom	130 square feet	2 resident bed
NW Bedroom	89 square feet	1 resident bed
SW Bedroom	80 square feet	1 resident bed

The living room, and dining room measure 446 square feet of living space that far exceeds the required 35 square feet per resident requirement.

The applicant has requested a license for six residents, and based on the above information can accommodate six residents.

**B. Administration/Program/Resident Care/Records**

**1. Population to be Served & Admission Criteria**

The applicant intends to provide 24-hour supervision, protection and personal care to six (06) 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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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.

**2. Applicant and Household**

**a. Corporation or Limited Liability Company**

The Ozi Services, Inc. corporation is the applicant. The Ozi Services Inc. non profit limited liability company registered with the State of Michigan. The corporation also conducts business as New Haven AFC.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Ngozi Ukandu as the licensee designee/as the administrator

The applicant does not live in the adult foster care home. The applicant intends to provide direct resident care and to hire direct care staff.

### **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

### **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six 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 agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

- Reporting requirements
- First Aid
- Cardiopulmonary resuscitation
- Personal care, supervision, and protection
- Resident rights
- Safety and fire prevention
- Prevention and containment of communicable disease

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.

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.

## **5. Records & Record Keeping**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The applicant has completed an emergency repairs record identifying vendors to service the homes heating and electrical systems and provide general home maintenance and repair major appliances.

The applicant has developed weekly menus that include breakfast, lunch and dinner.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 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.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

#### **IV. Recommendation**

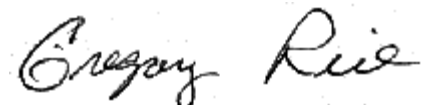
Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for mentally impaired residents. The term of the license will be for a six-month period effective – 07/2/06.



Tony Kairis  
Licensing Consultant

07/24/06  
Date

Approved By:



Gregory Rice  
Area Manager

7/24/2006  
Date