



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

September 14, 2006

Josephine Akunne  
Carnegie AFC Inc  
Suite 180  
3820 Packard Road  
Ann Arbor, MI 48108

RE: Application #: AM630279362  
Victory Lane  
600-610 Wanda  
Ferndale, MI 48220

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 12 is issued. You have also applied for certification to provide specialized services to person with a mental illness or developmental disability. Temporary certification has been issued for the same term as the license.

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 #:** AM630279362

**Applicant Name:** Carnegie AFC Inc

**Applicant Address:** Suite 180  
3820 Packard Road  
Ann Arbor, MI 48108

**Applicant Telephone #:** (734) 973-7764

**Administrator/Licensee Designee:** Josephine Akunne, Designee

**Name of Facility:** Victory Lane

**Facility Address:** 600-610 Wanda  
Ferndale, MI 48220

**Facility Telephone #:**

**Application Date:** 09/26/2005

**Capacity:** 12

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

09/26/2005	Enrollment
11/01/2005	Application Incomplete Letter Sent
11/01/2005	Comment Application incomplete letter to licensee
03/20/2006	Contact - Document Sent Lack of response letter sent.
08/14/2006	Inspection Report Requested - Health 2nd inspection request made. Previous request was almost 1 year old.
08/15/2006	Inspection Completed On-site – Full Compliance
09/13/2006	Inspection Completed- Fire Safety: A
09/14/2006	Inspection Completed- Env.Health: A
09/14/2006	Recommend Licensure
09/14/2006	LSR Generated

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

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.

#### 1) Environmental Conditions

Victory Lane is located at 600-610 Wanda, Ferndale, Michigan 48220. The home is situated east of Woodward Ave. and south of Nine Mile Road, in Oakland County, Michigan. Josephine and Hyacinth Akunne of 1660 Pond Shore Drive, Ann Arbor, Michigan 48108 are the joint owners of record for the property. Proof of ownership is contained in the facility file.

Victory Lane is a cinder block constructed ranch with no basement or garage. The home is in a semi industrial area with varied residential constructed homes. The home is landscaped. The interior of the home is comfortable, clean, and nicely decorated.

The main entrance opens into a recreation room and a kitchen and dining area straight ahead. The kitchen is to the right of the dining area. To the right of the kitchen/dining areas is a living room. Seven of the eight bedrooms are located to the right of this area on the north side of the building. Two full baths are located off the hallway in this bedroom wing and another full bathroom is located between the recreation room and kitchen. A laundry room with washer and dryer is located opposite this bathroom. Two gas-fired furnaces heat the facility, with one located in the laundry room and the other located off the bedroom wing hallway, which also contain the water heaters. Floor separation is provided with a 13/4 "solid core wood 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:

<b><u>BEDROOM</u></b>	<b><u>DIMENSIONS</u></b>	<i>SQ. FOOTAGE</i>	<i>OCCUPANCY</i>
Bedroom # 1	12'8"X 11'(plus2'x3'8")	148	2
Bedroom # 2	12'8" X10'8" plus2'x3'8")	148	2
Bedroom # 3	13'.X 10'9"	142	2
Bedroom # 4	15'.X 10'3"	154	2
Bedroom # 5	10'2"X8'	82	1
Bedroom # 6	10'2"X8'2"	82	1
Bedroom # 7	10'2"X8'2"	82	1
Bedroom # 8	10'8"X8'3"(plus 2'x3'8")	98	1

**Total Occupancy: 12**

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 12 adults, as requested in the application.

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

The home has a large living room that measures 16' X 11'2", two dining and kitchen areas that measure 20 X 10'10"each and a recreation room which measures 22'3' X12'10". The proposed capacity for the home is 12. 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.

Victory Lane has public water and sewage services. Garbage disposal is supplied through the 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 in a separate room adjacent the furnace. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

## **2. Fire Safety**

Victory Lane 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 heat heads in the furnace room and kitchen area. The home has sprinkler system as well. The home also has several fire extinguishers located on the main floor, which meet the requirements of R 400.14506. The home has more than 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 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.

Two gas forced air furnaces heat the facility. The furnaces were recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. 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 Ferndale. 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 aged adults with Developmental Disabilities and / or Mental Illness. According to the program statement, the goal of the program is to maximize the functioning of each resident's capability and condition. Self care and daily living skills will be promoted through on-going guidance in the areas of dressing, grooming, nutrition, supervision, protection and use of community resources. All transportation will be provided that facilitates the resident's assessment plan requirements.

### **2) Required Information**

On 10/03/05, the Department received a license application and application fee from Mrs. Josephine Akunne, acting on behalf of Carnegie AFC Inc., to operate a medium group AFC facility at the above referenced address in Ferndale, Michigan. The filing endorsement from the Department of Consumer and Industry Services has a filing date of 9/26/89. The applicant is seeking to operate a program for developmentally disabled and/or mentally ill men and women.

As part of the application process the licensee submitted admission, discharge policies for the Victory Lane 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 Carnegie AFC Inc. is as follows:

Board of Directors	Josephine Akunne, President Sr. Jane Patrick, Secretary Obioma Nwachukwu, Treasurer Hyacinth Akunne, Vice President
CEO/President: Administrator(s) Home Managers Direct Care Staff	Josephine Akunne

A Records Clearance Request has been processed for Mrs. 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 Mrs. Akunne is 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. The licensing file also contains a written statement from Carnegie AFC Inc. naming Mrs. Akunne, the licensee designee.

As referenced above Mrs. Akunne submitted, on behalf of Carnegie AFC Inc., financial information as part of the new application process. The applicant submitted a current balance sheet as well as a projected budget. Based on the information presented, I have determined that the applicant corporation 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  
Jenkins Manor AS820281987

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. Akunne has demonstrated her competency as required by the rule R 400.14201.

At the time of the final inspection, Ms. Akunne, the licensee designee, 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 Victory Lane. 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 Victory Lane.

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 Victory Lane, 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 Carnegie AFC Inc'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 Victory Lane 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 (R 400.14734a). I have reviewed the process that the corporation follows 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 provides 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; in addition staff training through contract agencies as necessary is arranged. 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 and licensee. The Licensee has indicated that it is the corporation's intent to comply with these requirements. During the course of the pre licensing investigation, I advised the licensee designee 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 corporation to achieve and maintain compliance with these requirements. The licensee has been supplied with a supply of the required Department forms as well as copies of the resident rights pamphlet for distribution to staff, residents, and families.

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/ licensee designee 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.

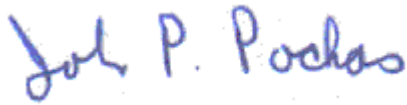
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The administrator and licensee designee are aware of the requirements of rules R400.14318 and R400.14319, and assures me that the home 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.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to operate a medium adult foster care home, located at 600-610 Wanda, Ferndale, MI 48220



John Pochas  
Licensing Consultant

9/14/2006  
Date

Approved By:



Barbara Smalley  
Area Manager

09/15/2006  
Date