



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

May 3, 2007

Uchenna Ndubuisi  
Agape Cares Inc.  
4180 Harriet St.  
Inkster, MI 48141

RE: Application #: AS820286278  
Agape Care  
4180 Harriet  
Inkster, MI 48141

Dear Mr. Ndubuisi:

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 5 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 #:** AS820286278

**Applicant Name:** Agape Cares Inc.

**Applicant Address:** 4180 Harriet St.  
Inkster, MI 48141

**Applicant Telephone #:**

**Administrator/Licensee Designee:** Uchenna Ndubuisi, Designee

**Name of Facility:** Agape Care

**Facility Address:** 4180 Harriet  
Inkster, MI 48141

**Facility Telephone #:** (734) 578-7084

**Application Date:** 09/28/2006

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

|            |   |
|------------|---|
| 09/28/2006 | Enrollment  |
| 10/02/2006 | File Transferred To Field Office<br>Ann Arbor       |
| 10/04/2006 | Comment<br>Documents received in Ann Arbor office.  |
| 10/12/2006 | Comment<br>Documents transferred to Detroit office. |
| 10/19/2006 | Application Incomplete Letter Sent                  |
| 02/02/2007 | Contact - Document Received                         |
| 05/02/2007 | Inspection Completed On-site                        |
| 05/02/2007 | Inspection Completed-BFS Full Compliance            |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is located in a residential area of the city of Inkster Michigan. The facility is a two story brick / frame building with a full basement that is not approved for resident use. The home is equipped with a hardwire smoke detection system, which was installed by a licensed electrician and is fully operational. The total square footage of the facility's living space is 975 square feet, which adequately meets the need of 35 square per resident requirement. There is a large backyard area that can be used for resident recreation and / or smoking when seasonably appropriate.

The basement contains a large storage area, an office, laundry area and bathroom. The heat plant is enclosed and is separated from the basement and the rest of the home by a fire door.

The main floor consists of a living room, kitchen and dining area and a bathroom. The second floor consists of three bedrooms and a full bathroom.

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

|    |             |             |            |
|----|-------------|-------------|------------|
| NW | Bedroom # 1 | 148 sq. ft. | Capacity 2 |
| SW | Bedroom # 2 | 145 sq. ft. | Capacity 2 |
| SE | Bedroom # 3 | 135 sq.ft.  | Capacity 1 |

Based on the above information, it is concluded that this facility can accommodate five (5) 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 five (5) 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 Agepe Cares Corporation is the applicant. The Agepe Cares Corporation is a, non profit company registered with the State of Michigan.

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

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 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 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   5  -bed facility is adequate and includes a minimum of   1   staff to   5   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

