



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 6, 2007

Eva Royal
Esscada Group Homes #1, Inc.
17558 Anglin
Detroit, MI 48212

RE: Application #: AS820288398
Esscada Group Homes #1, Inc.
28 Westminster
Detroit, MI 48202

Dear Ms. Royal:

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,

Carl Jones, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820288398
Applicant Name:	Esscada Group Homes #1, Inc.
Applicant Address:	17558 Anglin Detroit, MI 48212
Applicant Telephone #:	(313) 215-7844
Administrator/Licensee Designee:	Eva Royal, Designee
Name of Facility:	Esscada Group Homes #1, Inc.
Facility Address:	28 Westminster Detroit, MI 48202
Facility Telephone #:	(313) 215-7844
Application Date:	02/07/2007
Capacity:	6
Program Type:	Aged Developmentally Disabled

II. METHODOLOGY

02/07/2007	Enrollment
02/08/2007	Application Incomplete Letter Sent Rec'd obsolete version of application - sent updated app dated 08/05 to be completed.
02/20/2007	Application Complete/On-site Needed
03/07/2007	Application Incomplete Letter Sent
11/20/2007	Contact - Document Received
11/30/2007	Contact - Telephone call made
12/03/2007	Inspection Completed On-site
12/03/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Escada Group Home #1 is located in a residential area in the city of Detroit. The home is a (2) two story frame structure with a full basement. The basement can be used for resident activity, there are two exits and one leads directly to the outside. The first floor consists of a living room, dining room, kitchen and a half bathroom.

The heat plant, hot water heater and laundry appliances are located in the basement. The heat plant and hot water heater are enclosed with approved material and a approved fire door with all required hardware and equipment.

The home is equipped with a 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 home cannot accommodate wheelchairs.

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

SECOND FLOOR

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions. The second floor consists of four bedrooms and a full bathroom.

Living Room __14 X 14_196 sq.ft.

Dining Room__12 X 13_168 sq.ft.

Resident Bedrooms

NW Bedroom _12x12_ 144 sq. ft. (2 residents)

NE Bedroom _11x 10_110 sq. ft. (1 resident)

SW Bedroom _10x 8__ 80 sq. ft. (1 resident)

SW Bedroom _10x 7__ 70 sq. ft. (1 resident)

The applicant has requested a license for 5 or 6 residents, based on the above information the home can accommodate 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 ten (6) 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 Esscada Group Homes #1 corporation is the applicant. The Esscada Group Homes Inc. # 1 is a 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 Eva Royal as the licensee designee and Sarah Foucher 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 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.

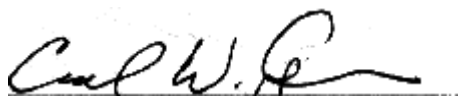
The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (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

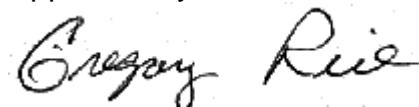
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Carl W Jones
Licensing Consultant

Date
12/06/07

Approved By:



12/06/07

Gregory Rice
Area Manager

Date

