



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 16, 2010

Konjit Bitew
Koni's AFC Home, Inc.
P. O. Box 431425
Pontiac, MI 48343

RE: Application #: AS630304602
Koni's AFC Home Inc III
379 Voorhies
Pontiac, MI 48341

Dear Ms. Bitew:

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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 972-9131

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630304602
Applicant Name:	Koni's AFC Home Inc.
Applicant Address:	371 Voorhies Pontiac, MI 48341
Applicant Telephone #:	(248) 891-2543
Administrator/Licensee Designee:	Konjit Bitew
Name of Facility:	Koni's AFC Home Inc III
Facility Address:	379 Voorhies Pontiac, MI 48341
Facility Telephone #:	(247) 499-9084
Application Date:	09/10/2009
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/10/2009	Enrollment
09/11/2009	Application Incomplete Letter Sent Regarding 1326 for Konjit Bitew and completion of application
09/28/2009	Contact - Document Received Record Clearance for Konjit Bitew
09/30/2009	Application Complete/On-site Needed
10/05/2009	Application Incomplete Letter Sent
10/27/2009	Contact - Document Received
05/19/2010	Inspection Completed On-site
10/22/2010	Inspection Completed On-site
10/28/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story structure with vinyl siding. It has a basement that is finished and is accessible via an independent entrance from the outside. The facility is located in an urban residential area and is within a few miles from community resources such as hospitals, shopping centers, recreational facilities and public transportation.

The facility consists of three double occupancy bedrooms, a living room, a dining room, a kitchen, and two full bathrooms. The basement contains the laundry facilities and storage areas. The residents will not be using the basement for regular activities. The facility has adequate parking for staff and visitors.

The furnace and hot water heater are located in the basement and enclosed in a room with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The room is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'3" x 11'9"	132	2
2	9'7" x 15'	144	2
3	9'2" x 17'4"	159	2

The living and dining room areas measure a total of 239 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, 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 private referral sources as well as community-based resources and agencies.

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, and the responsible agency, if applicable.

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.

C. Applicant and Administrator Qualifications

On 9/10/2009, Koni's AFC Home Inc submitted an application for a license to provide adult foster care services at the above-referenced address. This corporation currently has two licensed adult foster care facilities in Oakland County, Michigan (AS630287260 and AS630287261).

Koni's AFC Home Inc is a "For Profit Corporation" established in Michigan on 8/13/2008. The applicant submitted a financial statement and established an

annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Koni's AFC Home Inc. has submitted documentation appointing Konjit Bitew as Licensee Designee and Administrator for this facility.

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

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

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. All staff shall be awake during sleeping hours. 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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.

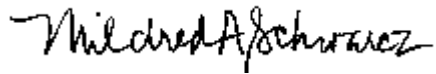
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



11/16/2010

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



11/16/2010

Denise Y. Nunn
Area Manager

Date