



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 2, 2018

Enisa Altinel
Ena Care LLC
6879 John R Road
Troy, MI 48085

RE: Application #: AS630391260
Ena Care
6879 John R Road
Troy, MI 48085

Dear Ms. Altinel:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License Application #:	AS630391260
Applicant Name:	Ena Care LLC
Applicant Address:	6879 John R Road Troy, MI 48085
Applicant Telephone #:	(586) 808-1509
Administrator/Licensee Designee:	Enisa Altinel
Name of Facility:	Ena Care
Facility Address:	6879 John R Road Troy, MI 48085
Facility Telephone #:	(248) 817-2929
Application Date:	11/06/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

11/06/2017	Enrollment Original app 569 - 1 submitted 10/24/2017 submitted correct 569 - C app 11/6/2017
11/06/2017	Contact - Document Sent Rules and Acts books
11/06/2017	Application Incomplete Letter Sent 1326, RI-030, FP for Ziza. 1326 for Enisa
11/16/2017	Contact - Document Received 1326 for Ziza, Enisa, and Namik
11/16/2017	File Transferred To Field Office Pontiac
11/20/2017	Contact - Document Received Licensing file received from Central office
11/27/2017	Contact - Telephone call made Enisa Altinel
12/01/2017	Application Complete/On-site Needed
12/05/17	Contact - Telephone call made Enisa Altinel
12/15/2017	Inspection Completed On-site
12/15/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The ENA Care Home is located in a residential area in Troy, Michigan. ENA Care Home, is a single family, ranch style brick home structure with an attached garage, and fully finished basement. The home contains four bedrooms and two full bathrooms. There is a laundry room located on the main floor near the kitchen. The home has a large kitchen, dining room and living room. The home was built in 1997 and is owned by Mr. Namik Altinel.

The furnace and hot water heater are located on the basement level and is separated from the upstairs level with a 1³/₄ inch solid core door equipped with an automatic self-

closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back- up, which was installed by a licensed electrician and is fully operational. There is central air conditioning throughout the home. The home is equipped with ramps at the primary egress front door and at the garage entrance. Both ramps lead to the firm surface of the driveway.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'5" x 14'1"	189 square feet	1
2	13'6" x 10'6" plus 2' x 3"	149 square feet	2
3	10' x 11"	99 square feet	1
4	14'6" x 13'7"	197 square feet	2

Total capacity: 6

The living, and dining room areas measure a total of 780 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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. ENA Care Home Corporation intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is aged, or Alzheimer's and physically handicapped, 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.

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.

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

Enisa Altinel submitted an annual budget on behalf of ENA Care Home which detailed the projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Enisa Altinel and the responsible person, Ms. Ziza Hajdarevic submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

Enisa Altinel has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. This included her detailed resume. Ms. Altinel has been the licensee the ENA Care Family Home (AF630358098) since July 2015 and fully satisfies experience requirements for working with adults in an adult foster care home.

The staffing pattern for the original license of this six (6)-bed facility is adequate and includes a minimum of one (1) staff-to-five (5) residents per shift. All staff shall be awake during sleeping hours.

Enisa Altinel 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 (1) one –to- (5) five resident ratio.

Enisa Altinel 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.

Enisa Altinel 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, Enisa Altinel has indicated that resident’s medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Enisa Altinel acknowledges her 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, Enisa Altinel acknowledges her 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.

Enisa Altinel acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Enisa Altinel indicated that it is their intent to achieve and maintain compliance with these requirements.

Enisa Altinel 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. Enisa Altinel has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

Enisa Altinel acknowledges her 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, Enisa Altinel acknowledges her 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.

Enisa Altinel acknowledges her 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

Enisa Altinel 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 AFC adult small group home (capacity 1-6).

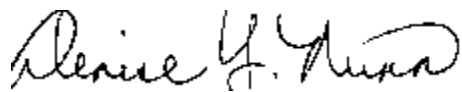


01/16/18

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



02/02/2018

Denise Y. Nunn
Area Manager

Date