



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 7, 2018

Kasmire Pham
A Plus Quality Home Care
21885 South Tuller Court
Southfield, MI 48076

RE: Application #: AS630393263
A Plus Quality Home Care
21885 Tuller Court
Southfield, MI 48076

Dear Mrs. Pham:

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 cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630393263
Licensee Name:	A Plus Quality Home Care
Licensee Address:	21885 South Tuller Court Southfield, MI 48076
Licensee Telephone #:	(248) 938-3386
Administrator/Licensee Designee:	Kasmire Pham
Name of Facility:	A Plus Quality Home Care
Facility Address:	21885 Tuller Court Southfield, MI 48076
Facility Telephone #:	(248) 938-3386
Application Date:	03/22/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/22/2018	On-Line Enrollment
03/23/2018	Contact - Document Sent Rules and Acts books
04/11/2018	Contact - Document Received 1326, RI-030, FP, 3704 for Kasmire and Rhea
04/11/2018	Licensing Unit file referred for background check review Given to Candace Rhea Lynn is an Administrator needs FP removed.
04/12/2018	File Transferred To Field Office Pontiac
04/16/2018	Contact - Document Received Licensing file received from Central office
04/19/2018	Application Incomplete Letter Sent
05/03/2018	Application Complete/On-site Needed
05/09/2018	Inspection Completed On-site
05/09/2018	Inspection Completed-BCAL Sub. Compliance
05/10/2018	Application Incomplete Letter Sent Confirming letter emailed
05/17/2018	Inspection Completed On-site
05/24/2018	Application Incomplete Letter Sent The LLC is not in good standing.
06/06/2018	Contact – Document Received Verified LLC
06/07/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level home located in the city of Southfield. The facility consists of a living room, office, laundry room, two storage areas, kitchen with an attached dining area, a lavatory, and four resident bedrooms. This facility is wheelchair accessible. This facility utilizes public water and sewage.

The furnace is mainly located outside of the facility. However, some of the furnace connectors are located inside the facility in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The water heater is in the laundry room. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 13'6"	146.21	1
2	12'11" x 13'6"	174.42	1
3	11'11" x 15'2"	180.83	2
4	14'2" x 13' -6' x 1'5"	175.69	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 643.68 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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. 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 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 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

The applicant is A Plus Quality Home Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/24/2018. 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 members of A Plus Quality Home Care, L.L.C. have submitted documentation appointing Kasmire Pham as Licensee Designee and Administrator of the facility. Ms. Pham has 12 years of experience working as a Registered Nurse in various settings such as Critical Care Unit, Cardiothoracic Surgery, Emergency Room, and Long-Term Care. She worked with patients with a traumatic brain injury and who required post hospital care such as cardiac care and chronic diagnosis management. She provided care for long term residents with Alzheimer's and other dementia related diagnosis, mental illness, and a physical handicap. She completed training for Manager Dementia Specialty, Manager Mental Health Specialty, The Adult Family Home Administrator Training as well as American Heart Association Basic Life Support (CPR and AED) Program. She is competent in nutrition, first aid and CPR, foster care, safety and fire prevention, financial and administrative management, resident rights, and prevention and containment of communicable diseases.

A licensing record clearance request was completed with no LEIN convictions recorded for the Ms. Pham. Ms. Pham submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Pham 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 (6) bed facility is adequate and includes a minimum of 1 staff-to-6 residents per shift. Ms. Pham acknowledged the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Pham indicated direct care staff will be awake during sleeping hours.

Ms. Pham acknowledged at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Pham acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Pham 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Pham acknowledged 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. Ms. Pham indicated resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Pham acknowledged her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Pham acknowledged her responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Pham acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Pham acknowledged her responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Pham acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Pham acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Pham acknowledged a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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

Ms. Pham acknowledged 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. Ms. Pham 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.

Ms. Pham acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

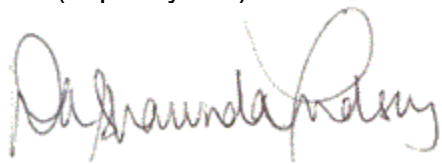
Ms. Pham acknowledged residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

A Plus Quality Home Care 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).

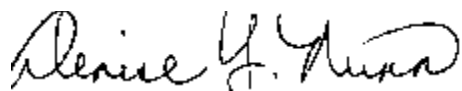


06/07/2018

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



06/07/2018

Denise Y. Nunn
Area Manager

Date