



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 24, 2018

Azeezat Sarumi
816 Beth Ave.
Parchment, MI 49004

RE: Application #: AF390393049
Zeezah Care
816 Beth Ave.
Parchment, MI 49004

Dear Ms. Sarumi:

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 six (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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF390393049
Applicant Name:	Azeezat Sarumi
Applicant Address:	816 Beth Ave. Parchment, MI 49004
Applicant Telephone #:	(347) 994-7435
Administrator/Licensee Designee:	N/A
Name of Facility:	Zeezah Care
Facility Address:	816 Beth Ave. Parchment, MI 49004
Facility Telephone #:	(347) 994-7435 02/22/2018
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/22/2018	Enrollment
03/12/2018	Contact - Document Sent- Rule & ACT Books
03/12/2018	Application Incomplete Letter Sent-1326/Fingerprint/RI 030 for Azeezat Sarumi and 1326 for Saheed Sarumi
03/28/2018	Contact - Document Received-1326/Fingerprint/RI 030 for Azeezat Sarumi and 1326 for Saheed Sarumi
04/02/2018	Application Incomplete Letter Sent- SOS address discrepancy for Azeezat Sarumi
04/16/2018	Contact - Document Received- Documentation of change of address with SOS for Azeezat
04/16/2018	File Transferred to Field Office- Lansing
04/30/2018	Application Incomplete Letter Sent
06/07/2018	Inspection Completed On-site
06/07/2018	Inspection Completed-BCAL Sub. Compliance
08/01/2018	Inspection Completed On-site
08/01/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Zeezah Care is a ranch style home situated in a suburban neighborhood located in the city of Parchment in Kalamazoo Township. The property is owned by applicant Azeezat Sarumi and her husband Saheed Sarumi, who has been appointed as the home's *Responsible Person*. On file is proof of property ownership. Mr. and Mrs. Sarumi and their two minor children are occupants of the home and reside in the home's finished basement. The home's main entrance opens into a large shared living and dining room area. Located to the left of the entrance is the home's kitchen, and a small hallway which leads to a half bathroom, the entrance to the finished basement and an exit into the home's two-car garage. Also located to the left of the entrance is a large resident bedroom, which is equipped with a full bathroom. Located off the home's living room, is an exit leading to a spacious outside deck. To the right of the home's shared living and dining room are two additional resident bedrooms and one full bathroom. The home is not wheelchair accessible.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with battery-powered single-station smoke detectors, which have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all heat-producing equipment. The home has a gas-fired hot water heater and furnace, which are located in the home's basement. On file is written verification from a qualified inspection service verifying that the hot water heater and furnace have been properly installed and are in good working condition. A 1 ¾-inch solid core door with an automatic self-closing device and positive latching hardware has been installed at the top of stairs leading to the home's basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	20'03" x 19.83	397'19"	2
2	9'90" x 14.65	145'04"	2
3	9'90" x 14.65	145'04"	2

The combined indoor living and dining areas measure a total of approximately 66,123 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents who are mentally ill and/or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, as well as an opportunity for involvement in educational or day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through Kalamazoo County Community Mental Health and/or other local agencies.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including, but not limited to, the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

The applicant is approved to provide care to the mentally ill and developmentally disabled populations. The applicant has past employment experience with providing direct care services to both populations in an adult foster care setting

Criminal history background checks of the applicant and *Responsible Person* were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and *Responsible Person* submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A *Responsible Person* will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledged the 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.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

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

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6).

Michele Struter

08/16/2018

Date

Licensing Consultant

Approved By:

Dawn Jimm

08/24/2018

Date

Area Manager