

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 19, 2019

Comfort Umoren Comfort Home of Bloomfield, Inc. 3744 Lincoln Drive Bloomfield Hills, MI 48301

RE: Application #: AS630398118

Comfort Home of Bloomfield Inc.

6372 Tutbury Ln Troy, MI 48098

Dear Ms. Umoren:

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,

Cindy Berry, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

51111 Woodward Avenue Pontiac, MI 48342

(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630398118

Applicant Name: Comfort Home of Bloomfield, Inc.

Applicant Address: 3744 Lincoln Drive

Bloomfield Hills, MI 48301

Applicant Telephone #: (248) 910-9487

Administrator/Licensee Designee: Comfort Umoren

Name of Facility: Comfort Home of Bloomfield Inc.

Facility Address: 6372 Tutbury Ln

Troy, MI 48098

Facility Telephone #: (248) 910-9487

Application Date: 01/29/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

AGED

TRAUMATICALLY BRAIN INJURED

ALZHEIMERS

II. METHODOLOGY

| 01/25/2019 | Application Incomplete Letter Sent 1326, RI-030, and FP for Comfort. |
|------------|--|
| 01/25/2019 | Contact - Document Sent Acts book |
| 01/29/2019 | Enrollment Originally applied as AM630398071 online 1/24/19. Switched to AS. |
| 02/13/2019 | Contact - Document Received 1326 and 100 for Comfort. |
| 02/13/2019 | File Transferred to Field Office Pontiac |
| 02/19/2019 | Contact - Document Received Licensing file received from Central office |
| 02/26/2019 | Application Incomplete Letter Sent |
| 06/26/2019 | Inspection Completed On-site |
| 08/23/2019 | Contact - Document Received Remaining documents received. |
| 8/23/2019 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Comfort Home of Bloomfield, Inc. is located at 6372 Tutbury Lane, Troy, MI 48098 and is owned by Jovica and Kosara Nikolich. Proof of ownership and permission to inspect the property is contained in the facility file.

Comfort Home of Bloomfield Inc. is a brick, ranch styled residential structure with 2615 square feet of living space. The home consists of a kitchen, living room, dining room, two full bathrooms, four bedrooms and a laundry room (off the kitchen). The home is not equipped with a basement and is not wheelchair accessible as there are no ramps at either means of egress.

The living room and dining room measure a total of 507 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility is heated by a natural gas forced air furnace. The furnace is contained in the attic and the hot water heater is contained in a room off the dining room and is equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected by Flame Heating and Cooling and determined to be in good working condition. A copy of the inspection report is contained in the facility file. The facility is equipped with an interconnected smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational. The facility utilizes public water and sewage disposal services.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12' x 10'1" | 121 | 1 |
| 2 | 14'2" x 10'1" | 142 | 2 |
| 3 | 11'2" x 10' | 111 | 1 |
| 4 | 13'3" x 17'3" | 228 | 2 |
| | | | |

Total capacity: 6

Based on the above information, this facility can accommodate 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 routine procedures for the facility were reviewed and accepted as written. Comfort Home of Bloomfield Inc. intends to provide 24-hour supervision, protection and personal care to six (6) adults, male or female, who are physically handicapped, developmentally disabled, aged, traumatically brain injured or suffer from Alzheimer's disease. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. Transportation to routine medical or dental appointments, or shopping will be provided by the resident's designated representative or family member. If the designated representative or family member is not available, and there is an immediate need for a medical appointment, the facility will provide transportation according to the availability of staff for an extra charge as stated in the resident care agreement. Transportation for facility planned outings will be included in the basic rate with no extra charge.

If required, behavior 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.

In addition to the above program elements, it is the intent of Comfort Home of Bloomfield Inc. to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant is Comfort Home of Bloomfield Inc., a "For Profit Corporation", that was established in Michigan on 3/15/2016. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A criminal history background check of Comfort Umoren was completed and determined that she is of good moral character to provide licensed adult foster care. Ms. Umoren submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Umoren provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Umoren became a licensed registered nurse in the State of Michigan in 2002. She has over 17 years of experience working as an intensive care nurse and as an emergency room nurse in level one and level two hospitals. Ms. Umoren also worked as a home care nurse for four years.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. Comfort Home of Bloomfield, Inc. acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Comfort Home of Bloomfield, Inc. has indicated that direct care staff will be awake during sleeping hours.

Comfort Home of Bloomfield, Inc. 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.

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

Comfort Home of Bloomfield, Inc. acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Comfort Home of Bloomfield, Inc. 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.

Comfort Home of Bloomfield, Inc. acknowledged the 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, Comfort Home of Bloomfield, Inc. acknowledged the 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.

Comfort Home of Bloomfield, Inc. acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Comfort Home of Bloomfield, Inc. acknowledge 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.

Comfort Home of Bloomfield, Inc. acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

Comfort Home of Bloomfield, Inc. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Comfort Home of Bloomfield, Inc. 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Comfort Home of Bloomfield, Inc. acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Comfort Home of Bloomfield, Inc. indicated the intent to respect and safeguard these resident rights.

Comfort Home of Bloomfield, Inc. acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Comfort Home of Bloomfield, Inc. acknowledged the responsibility to provide a written

discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Comfort Home of Bloomfield, Inc. acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/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.

IV. RECOMMENDATION

Area Manager

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

| Cindy Ben | |
|-------------------------------------|------------|
| | 9/13/2019 |
| Cindy Berry Licensing Consultant | Date |
| Approved By: | |
| Denice G. Hunn | 09/19/2019 |
| Denise Y. Nunn | Date |