



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 25, 2020

Cajetan Kimfon
Country Square Adult Foster Care LLC
1929 11 Mile Road
Auburn, MI 48611

RE: Application #:	AL090402268 Country Square AFC 1929 11 Mile Road Auburn, MI 48611
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Dear Mr. Kimfon:

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 20 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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090402268
Licensee Name:	Country Square Adult Foster Care LLC
Licensee Address:	1929 11 Mile Road Auburn, MI 48611
Licensee Telephone #:	(989) 662-4514
Licensee Designee:	Cajetan Kimfon
Name of Facility:	Country Square AFC
Facility Address:	1929 11 Mile Road Auburn, MI 48611
Facility Telephone #:	(989) 662-4514
Application Date:	11/04/2019
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

11/04/2019	On-Line Enrollment
11/05/2019	Inspection Report Requested - Fire
11/06/2019	Inspection Report Requested - Health Invoice No: 1030022
11/06/2019	Contact - Document Sent 1605 sent
11/26/2019	Inspection Completed-Env. Health: A
12/03/2019	Application Incomplete Letter Sent Via email to Mr. Kimfon.
12/05/2020	Inspection Completed- Fire Safety: A
01/23/2020	Application Complete/On-site Needed
01/30/2020	Inspection Completed On-site
01/30/2020	Inspection Completed-BCAL Sub. Compliance
01/31/2020	Confirming Letter Sent
01/31/2020	Application Incomplete Letter Sent
02/11/2020	Inspection Completed On-Site
02/19/2020	Inspection Completed-Env. Health: A
02/24/2020	Contact- Document Received Zoning approval documentation was received via email from Mr. Kimfon.
02/24/2020	Inspection Completed- BCAL Full Compliance
02/25/2020	Recommend License Issuance

A. Physical Description of Facility

The property located at 1929 S. 11 Mile Rd. Auburn MI, 48611 is owned by licensee designee Cajetan Kimfon. The home is located in rural Beaver Township, MI, just north of W. Seidlers Rd, west of I-75 corridor, and north of MI-10. The facility was previously licensed as Country Square (AL090246624) and had been continuously licensed since June 4, 2002. Prior to this, the facility was originally licensed for 12 residents in 1985. The facility was expanded to meet the licensing standards for 20 residents in 1988. The home is a two-story structure, with the private living quarters (for staff use only) separated from the adult foster care portion which is attached to the back of the private home. There are two fire doors separating the main home from the adult foster care area. The exterior of the home is vinyl siding and cinder block.

There are six double occupancy bedrooms on the upper level of the foster care section, as well as three bathrooms, and a dining room and living room. There is a small kitchen with a microwave, and refrigerator in the upstairs portion of the facility. There are four exit doors leading directly outside the facility, with two exits from the upper level with appropriate wheel-chair ramps at each exit, and two exits at street level. On the lower level there are three double occupancy bedrooms and two private bedrooms. There are two full baths on the lower level. The main kitchen, large dining room, and living room area on the lower level as well. The garage has been converted to office space, and storage.

The boiler and hot water heater are located in the basement of the main home with two a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of each stairways, 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. A boiler inspection was completed on February 3, 2020 by Reliable Plumbing & Heating and was found to be in good working order. A copy of the Certificate of Boiler Inspection was issued by the Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes/Boiler Division on 02/13/2018 and expires on 02/13/2021.

The home is wheel-chair accessible. Residents with impaired mobility are required to be located on bedrooms that are located on the street floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1- Northwest 1 st Floor	13ft x 12 ft 8 in	164.7 sq. ft.	2
2- West 1 st Floor	9ft 5 in x 12 ft 8 in	119.3 sq. ft.	1

3- South East 1 st Floor	13 ft 4 in x 12ft 8 in	168.9 sq. ft.	2
4- East 1 st Floor	9ft 2 in x 12ft 8 in	116.1 sq. ft.	1
5- North East 1 st floor	13ft x 12ft 8 in	164.7 sq. ft.	2
6- North West 2 nd Floor	(10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2
7- West 2 nd Floor	10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2
8- West 2 nd Floor	10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2
9- South West 2 nd Floor	10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2
10-North East 2 nd Floor	10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2
11-South East 2 nd Floor	10ft 9.5 in x 16ft 1in) – (1ft 1in x 9ft 1.5 in)	163.7 sq. ft.	2

The living, dining, and sitting room areas measure a total of 1,214.3 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 twenty (20) 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 twenty (20) male or female adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, aged, Alzheimer's, and traumatic brain injured. 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 local hospitals, A & D Waiver, hospice, and from the general community.

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 access to transportation for residents that need transportation for medical appointments and other 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 Country Square Adult Foster Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/17/2019. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Country Square Adult Foster Care, L.L.C. has submitted documentation appointing Cajetan Kimfon as Licensee Designee and as the Administrator of the 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 statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have 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 20 -bed facility is adequate and includes a minimum of 2 staff -to- 20 residents per day shift and 1 staff per 20 residents per night 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.

III. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home (capacity 1-20).

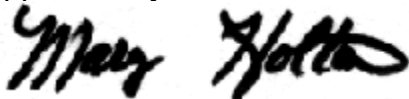


02/25/2020

Shamidah Wyden
Licensing Consultant

Date

Approved By:



02/25/2020

Mary E Holton
Area Manager

Date