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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 21, 2020

Harold Jordan
21097 Masch Ave
Warren, MI 48091

RE: Application #: AF500402340
Prestige Home Care
21097 Masch Ave
Warren, MI 48091

Dear Mr. Jordan:

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 3 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 that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500402340
Licensee Name:	Harold Jordan
Licensee Address:	21097 Masch Ave Warren, MI 48091
Licensee Telephone #:	(313) 310-2808
Administrator/Licensee Designee:	N/A
Name of Facility:	Prestige Home Care
Facility Address:	21097 Masch Ave Warren, MI 48091
Facility Telephone #:	(313) 310-2808
Application Date:	11/12/2019
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

11/15/2018	Contact - Document Received DL for Harold
11/12/2019	On-Line Enrollment
11/13/2019	PSOR on Address Completed
11/13/2019	Contact - Document Sent Rule & Act booklets.
11/15/2019	Contact - Document Received App; 1326 & RI-030 for LeeAndra and Aysha.
11/18/2019	Contact - Document Received 1326 for Harold; DL for Leeandra.
01/15/2020	Contact - Document Received Pages 2 & 3 corrected.
01/21/2020	Contact - Document Received Licensing file received from Central office.
02/07/2020	Application Incomplete Letter Sent
02/21/2020	Contact - Document Received Received licensing documents from Harold Jordan by mail.
02/28/2020	Contact - Document Sent Email re: onsite inspection.
03/18/2020	Inspection Completed On-site
04/21/2020	Inspection Completed On-site Follow up onsite inspection. Wood paneling removed from walls.
04/21/2020	Contact - Document Sent Email to Harold Jordan.
04/21/2020	Contact - Document Received Email from Harold Jordan. Received updated emergency procedures and phone numbers.
04/23/2020	Contact - Document Sent Email to Harold Jordan.

04/24/2020	Contact - Document Sent Email to Harold Jordan.
04/30/2020	Contact - Document Received Email from Harold Jordan. Sent return email.
05/01/2020	Contact - Document Sent Email to and from Harold Jordan.
05/11/2020	Contact - Document Received Email to and from Harold Jordan. Received pictures of construction done to bedroom. Room size increased.
05/20/2020	Inspection Completed On-site Follow up onsite inspection completed.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of adult foster care family homes (1-6), licensed or proposed to be licensed after 09/15/1984.

A. Physical Description of Facility

Prestige Home Care is a one-story adult foster care family home located in Warren, MI. The home has a capacity of three residents. The home has city water and sewer. Parking is available in the front of the home. Harold Jordan is the licensee. The home is leased from CTS investments, Inc. A copy of the lease agreement was received. A signed letter was received from Thomas A. Caramango, President of CTS Investments, Inc. giving permission to inspect the home.

Prestige Home Care has a living room, kitchen with dining area, two resident bedrooms, one licensee bedroom, bathroom, laundry room and garage. The home does not have a basement. The living room and dining room offer a total of 418 square feet of living space which meets the required 35 square feet of living space for 3 residents.

The three bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'1" x 12'5"	112	1 (Licensee)
2	8'9" x 12'5"	108	1
3	6'4" x 12'4" 4'9" x 13'4"	141	2

Total capacity: 3

All three bedrooms have adequate space, bedding and storage. Mr. Jordan had wood paneling removed from home and construction done to increase size of bedroom number three to accommodate two residents. The boiler is located in a closet off of the kitchen. A boiler inspection was completed by Aladdin Heating & Cooling on 03/17/2020. The inspection states that the boiler is in safe working order at this time. The home has smoke detectors in kitchen, bedrooms and hallway between bedrooms. There is a fire extinguisher located in the kitchen. Medications will be kept in a locked cabinet in the laundry room. The bedroom and bathroom doors are equipped with non-locking against egress hardware. The water temperature was measured with a digital thermometer and found to be between 105 and 120-degrees Fahrenheit. The home is wheelchair assessable. Emergency procedures are posted in the home. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

B. Program Description

Prestige Home Care will have a capacity of three residents. Licensee, Harold Jordan, will be the only household member. Ms. Jordan would like to accept residents both male and female who are aged, physically disabled or have a mental illness. Residents will participate in recreation and activities that include going to the park and gym for physical activity. Ms. Jordan will provide transportation to the residents.

Harold Jordan provided a copy of house rules and emergency procedures. Mr. Jordan has been employed as a Direct Care Worker at Spectrum Community Services since 2012. He has experience providing personal care, supervision, passing medications and preparing meals. Ms. Jordan has been fingerprinted. He provided a medical statement dated 02/14/2020 which indicates that he may work around vulnerable adults without limitations or restrictions. Mr. Jordan had a negative TB test on 02/14/2020.

C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend that the department issue a temporary license to this adult foster care family home, Prestige Home Care, with a capacity of three (3) residents.

The temporary license shall be in effect for a six-month period. Another licensing renewal will be conducted after six months.

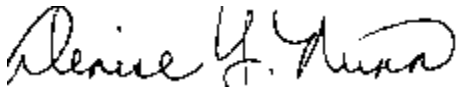


05/21/2020

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



05/21/2020

Denise Y. Nunn
Area Manager

Date