



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 14, 2020

Rene Goupayou  
12921 Oak Park Blvd  
Oak Park, MI 48237

RE: Application #: AS630399856  
**Diamond Care LLC**  
**12921 Oak Park Boulevard**  
**Oak Park, MI 48237**

Dear Rene Goupayou:

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 4 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**

<b>License #:</b>	AS630399856
<b>Licensee Name:</b>	Rene Goupayou
<b>Licensee Address:</b>	23200 Gardner St Oak Park, MI 48237
<b>Licensee Telephone #:</b>	(734) 444-6192
<b>Administrator/Licensee Designee:</b>	Cesaire Ekane-Lee/ Rene Goupayou
<b>Name of Facility:</b>	Diamond Care LLC
<b>Facility Address:</b>	12921 Oak Park Boulevard Oak Park, MI 48237
<b>Facility Telephone #:</b>	(734) 444-6192
<b>Application Date:</b>	05/22/2019
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/22/2019	On-Line Enrollment
05/24/2019	Contact - Document Sent Forms
06/03/2019	Contact - Document Received Updated App and IRS letter
06/19/2019	Contact - Document Received AFC100 for Cesaire
06/19/2019	Contact - Document Received 1326AFP for Rene
06/24/2019	Contact - Document Received Licensing file received from Central office
06/27/2019	Application Incomplete Letter Sent
07/22/2019	Contact - Document Received Received documentation
08/30/2019	Inspection Completed On-site
08/30/2019	Inspection Completed-BCAL Sub. Compliance
09/18/2019	Inspection Completed On-site
09/26/2019	Application Incomplete Letter Sent Violations reviewed with applicant during onsite. An application incomplete letter not sent.
09/26/2019	Contact - Document Sent Emailed applicant to request documentation
11/08/2019	Contact - Document Received Received documentation
11/19/2019	Contact - Document Received Received documentation
11/19/2019	Contact - Document Sent Emailed applicant to request documentation

01/04/2020	Contact - Document Received Received documentation
02/21/2020	Contact - Telephone call made Telephone call made to licensee Dr. Stanley Ngeyi
02/21/2020	Contact - Telephone call made Telephone call made to applicant Rene Goupayou. Left a message.
03/04/2020	Contact - Document Received Received documentation
03/05/2020	Contact - Document Sent Requested more documentation
04/27/2020	Contact - Telephone call made Telephone call made to applicant Rene Goupayou to follow up on the request for documentation
05/12/2020	Contact - Document Sent Requested information
05/12/2020	Contact - Document Received Received documentation
05/13/2020	Recommend License Issuance
05/14/2020	Application Complete/On-site Needed
05/14/2020	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is a ranch located in the city of Oak Park. The main level consists of three resident bedrooms, a kitchen, full bathroom, and an adjoined living room and dining room. The home is not wheelchair accessible. The home utilizes public water and sewage.

The gas and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The basement is not approved for resident activities. The home

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	9' x 10'1"	90.72	1
2	10'9" x 12'6"	134.38	2
3	10'10" x 11'2"	110.14	1

**Total capacity: 4**

The living, dining, and sitting room areas measure a total of 293.40 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 **four (4)** 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 **four (4)** 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 and Oakland County CMH 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**

Rene Goupayou has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget

statement submitted to operate the adult foster care facility. Mr. Goupayou also has income from outside employment.

Mr. Goupayou submitted documentation appointing Cesaire Ekane-Lee as the Administrator of the facility.

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

Mr. Goupayou and Mr. Lee have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Goupayou worked as a direct care worker for three years in a licensed adult foster care home Samaritan Care Services-Prest (AS820268614) as well as for almost four years in former licensed adult foster care home Sunrise Care Services (AS630291237). Mr. Lee has worked as a direct care worker at Samaritan Care Services-Prest for over 10 years. Mr. Goupayou and Mr. Lee have several years of experience working with the mentally ill and/or developmentally disabled population.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. Mr. Goupayou acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Mr. Goupayou has indicated that direct care staff will be awake during sleeping hours.

Mr. Goupayou acknowledged that 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.

Mr. Goupayou 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.

Mr. Goupayou 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mr. Goupayou 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. In addition, Mr. Goupayou 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.

Mr. Goupayou acknowledged his 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, Mr. Goupayou acknowledged his 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.

Mr. Goupayou 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.

Mr. Goupayou acknowledged his 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.

Mr. Goupayou acknowledged his 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.

Mr. Goupayou acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Goupayou 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.

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

Mr. Goupayou 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. Mr. Goupayou has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Goupayou acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

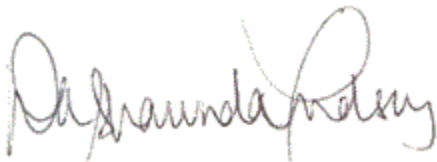
Mr. Goupayou acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

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

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 4).

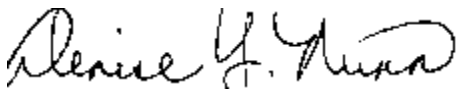


05/14/2020

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



05/14/2020

Denise Y. Nunn  
Area Manager

Date