



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 11, 2020

Cavel Young  
Comfort Living Home L.L.C. #2  
2111 N. Drake Rd.  
Kalamazoo, MI 49006

RE: Application #: AS390402639  
**Comfort Living Home #2**  
**2918 W. Milham Avenue**  
**Portage, MI 49024**

Dear Ms. Young:

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 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) 284-9730.

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**

<b>License #:</b>	AS390402639
<b>Applicant Name:</b>	Comfort Living Home L.L.C. #2
<b>Applicant Address:</b>	2111 N. Drake Rd. Kalamazoo, MI 49006
<b>Applicant Telephone #:</b>	(269) 760-1182
<b>Administrator/Licensee Designee:</b>	Cavel Young
<b>Name of Facility:</b>	Comfort Living Home #2
<b>Facility Address:</b>	2918 W. Milham Avenue Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 760-1182
<b>Application Date:</b>	12/02/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/02/2019	Enrollment
12/04/2019	Application Incomplete Letter Sent-Corporation App
12/23/2019	Contact - Document Received-Corporate application
12/23/2019	File Transferred To Field Office-Lansing
01/07/2020	Application Incomplete Letter Sent
03/09/2020	Application Incomplete Letter Sent
05/06/2020	Application Incomplete Letter Sent
05/21/2020	Application Complete/On-site Needed
05/21/2020	Inspection Completed On-site
05/21/2020	Inspection Completed-BCAL Sub. Compliance
06/11/2020	Inspection Completed-BCAL-Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Comfort Living Home #2 is a one story, six-bedroom, three-bathroom home located in the city of Portage. On file is a copy of a lease agreement between the property owner Chau Nguyen and the applicant, as well as a written statement from the property owner granting the department permission to inspect the property. The facility's front entrance leads into the living room area. The dining room is located towards the back of the facility. To the left of the dining room is a large kitchen, laundry room with a washer and dryer, and a resident bathroom, which is equipped with a walk-in shower. To the left of the living room area is two resident bedrooms and a resident bathroom. This bathroom is equipped with both a shower and a bathtub. Off the dining room, and to the left of the facility, is a hallway with four additional resident bedrooms and a third bathroom, which is equipped with a shower. There is a large deck located off the back of the facility for resident use. The facility is wheelchair accessible and has two approved means of egress, equipped with ramps from the first floor.

An on-site inspection verified the facility meets the requirements of all applicable environmental health administrative licensing rules. The facility utilizes the public water supply and sewage disposal system.

An on-site inspection verified the facility is in substantial compliance with rules pertaining to fire safety. The facility is equipped with an interconnected, multi-station

smoke detection system with battery backup. The facility's gas-fired hot water heater and furnace are located in the basement and are separated from the remainder of the home by means of floor separation. Located at the top of the entrance leading into the basement is a 1 ¾ inch solid core door, installed in a substantially fully stopped wood frame, that is equipped with an automatic self-closing device and positive latching hardware. On file is written verification that the hot water heater and furnace are in good working condition. On file is written documentation confirming the laminate plywood paneling located in one of the resident's bedrooms has at least a Class III (C) Flame Spread Rating.

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 13'	156	1
2	10' X 13'	130	1
3	10'11" X 13'11"	152	1
4	12' X 11'	132	1
5	11' X 10'	110	1
6	13' X 11'	143	1

The living, dining, and sitting room areas measure a total of 668 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 **six (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 procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults who are aged and/or diagnosed with a traumatic brain injury 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 private pay individuals, as well as those residents receiving services from local community mental health agencies.

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 applicant intends to provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The licensee will provide all transportation for program and medical needs.

### **C. Applicant and Administrator Qualifications**

The applicant Comfort Living Home, L.L.C. #2, a "Domestic Limited Liability Company", was established in Michigan on 11/08/2019. The applicant, and only officer, has submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant submitted documentation appointing herself as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. The applicant provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant received her associates degree in Applied Science in 2007 and is a licensed registered nurse. Since 2008, the applicant has owned and operated a local licensed adult foster care group home, where she provides direct care to both the aged population and individuals with a traumatic brain injury.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase and/or decrease in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant 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.

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

The applicant 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, 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 acknowledged their 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, the applicant acknowledged their 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.

The applicant 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.

The applicant acknowledged their 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 their 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.

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 residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 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. 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 acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant 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 have been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

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

*Michele Streeter*

06/11/2020

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Michele Streeter  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

06/11/2020

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Dawn N. Timm  
Area Manager

Date