



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2020

Cynthia Nkeng
Five Star Residential, Inc.
22190 Sussex Street
Oak Park, MI 48237

RE: Application #: AS630405274
Five Star Residential Inc
21358 Frazer Ave
Southfield, MI 48075

Dear Mr./Ms. Nkeng:

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,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630405274
Applicant Name:	Five Star Residential, Inc.
Applicant Address:	22190 Sussex Street Oak Park, MI 48237
Applicant Telephone #:	(248) 421-2735
Administrator/Licensee Designee:	Cynthia Nkeng, Designee
Name of Facility:	Five Star Residential Inc
Facility Address:	21358 Frazer Ave Southfield, MI 48075
Facility Telephone #:	(248) 836-8987
Application Date:	07/27/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/19/2020	Application Incomplete Letter Sent Checklist was sent prior under a different name.
07/27/2020	Enrollment
08/05/2020	Application Incomplete Letter Sent 1326 for Cynthia, AFC100 for Judith
08/05/2020	Contact - Document Sent 1326 & RI030
08/10/2020	Contact - Document Received 1326 for Cynthia, AFC100 for Judith
08/20/2020	Contact - Document Received Licensing file received from Central office
10/14/2020	Application Complete/On-site Needed
10/14/2020	Inspection Completed On-site
10/14/2020	Inspection Completed-BCAL Sub. Compliance
10/15/2020	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
10/27/2020	Inspection Completed On-site
10/27/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story ranch style home in Southfield, Michigan. There are four bedrooms and two full bathrooms. The facility consists of a living room, kitchen, dining area, and a laundry room. The facility has two approved means of egress that are equipped with positive-latching and non-locking against egress hardware. The bedroom and bathroom doors are equipped with positive-latching and non-locking against egress hardware. The facility is not wheelchair accessible. The facility has city water and sewage. There is parking available on the street as well as in the driveway of the facility. The furnace and water heater are located in the same room as the washer and dryer; which is on the same level as the resident's bedroom. The heating plants are enclosed with a solid core door equipped with an automatic self-closing device and positive latching hardware; and a 90-minute fire resistance rating. I received a copy of a heating

system inspection dated 10/01/20. According to the inspection, there are no safety concerns and the heating system is operating correctly.

There is a fire extinguisher located in the living room. There are smoke detectors located in the dining area and near the bedrooms. The smoke detectors were tested and are working properly. The refrigerator and freezer are equipped with thermometers. The home has a locked cabinet in the dining area for medications. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser, and closet.

The four resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 1" x 17' 4"	192	2
2	13' 5" x 11' 5"	153	2
3	9' 0" x 12' 0"	108	1
4	8' 9" x 12' 7"	110	1

Total Capacity: 6

The living room and dining area offer a total of 404 square feet of living space; which exceeds the minimum requirement of 35 square feet of living space for six residents.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Five Star Residential Inc. will provide 24-hour supervision, protection, and personal care to six female and/or male residents. Five Star Residential Inc. will provide services tailored to the developmentally disabled, mentally ill, and elderly. Five Star Residential Inc. has completed an application for certification of specialized programs for mentally ill and developmental disability. The residents will reside in a home setting and receive assistance with grooming, ADL's, socialization, transportation to physician appointments and social programs. The facility intends to accept residents from Oakland Community Health Network.

Five Star Residential Inc. will ensure the residents are actively involved in a day program and skills building workshop or vocational training program such as life skills and my place wellness center. The residents can also choose the type of activity that they would like to be involved in such as dancing, singing, watching a movie, visiting

family and friends, or having dinner at a restaurant. The residents will learn to utilize community resources that will present a wide range of social activities that are conducive to their overall mental and emotional well-being.

C. Applicant and Administrator Qualifications

The licensee for the home is Five Star Residential Inc. Five Star Residential Inc. is a non-profit corporation with two other licensed adult foster care group homes (AS630352375, AS630395154). Ms. Cynthia Nkeng will act as the licensee designee. Ms. Judith Alemjuh will act as the administrator. I received a copy of the warranty deed for the home. The home is owned by Desmond Nkeng.

Five Star Residential Inc. submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nkeng and Ms. Alemjuh. Ms. Nkeng and Ms. Alemjuh submitted a medical clearance request with statements from a physician documenting their good health and current TB negative test results.

Ms. Nkeng and Ms. Alemjuh have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nkeng and Ms. Alemjuh are trained in nutrition, first aid, CPR, foster care, safety and fire prevention, financial and administrative management, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable diseases. Ms. Nkeng provided a reference letter from a manager at Five Star Residential Inc. Ms. Nkeng has been an employee at Five Star Residential Inc. for four years. Ms. Nkeng has served in various capacities from direct care worker to group home manager. Ms. Nkeng has an understanding of personal care and housekeeping. As part of the management team, Ms. Nkeng assisted in preparing billing forms, monthly reports for residents, ledger sheets, process payroll, and completing staff evaluations.

Ms. Alemjuh has served as an administrator since 2014. Ms. Alemjuh is currently the administrator for two licensed adult foster care group homes. (AS630352375, AS630395154). The population served are aged, mentally ill, and developmentally disabled.

The staffing pattern for the original license of this six-bed facility is adequate and includes one staff member Monday through Friday's for the morning shift, two staff members on Saturday's and Sunday's for the morning shift, two staff members every day for the afternoon and midnight shifts.

Ms. Nkeng 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.

Ms. Nkeng acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Nkeng 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 designee can administer medication to residents. In addition, Ms. Nkeng indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Nkeng acknowledged her responsibility to obtain all required 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, Ms. Nkeng acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Nkeng 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.

Ms. Nkeng acknowledged her responsibility to obtain the required 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. Ms. Nkeng also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Ms. Nkeng acknowledged her 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.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Nkeng 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 licensee designee.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. Ms. Nkeng indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Nkeng 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. Ms. Nkeng indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Nkeng acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

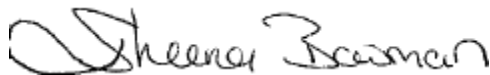
Ms. Nkeng acknowledged she has a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Ms. Nkeng.

D. Rule/Statutory Violations

Five Star Residential Inc. was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6). The temporary license will be in effect for a six-month period. A licensing renewal will be conducted following the six-month period.




Sheena Bowman
Licensing Consultant

10/28/20

Date

Approved By:



10/28/2020

Denise Y. Nunn
Area Manager

Date