



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 24, 2020

Charles Baroi  
3979 140th Ave.  
Holland, MI 49424

RE: Application #: AF700406163  
Troast Care  
3979 140th Ave.  
Holland, MI 49424

Dear Mr. Baroi:

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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700406163
<b>Applicant Name:</b>	Charles Baroi
<b>Applicant Address:</b>	3979 140th Ave. Holland, MI 49424
<b>Applicant Telephone #:</b>	(616) 377-8187
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Troast Care
<b>Facility Address:</b>	3979 140th Ave. Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 294-1077
<b>Application Date:</b>	10/20/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

10/19/2020	Contact - Document Received AFC 100 for James Baroi, Juliet Troast & Maya Baroi and 1326 for Charles Baroi
10/20/2020	Enrollment
10/20/2020	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Charles Baroi and AFC 100's for James Baroi, Juliet Troast & Maya Baroi
10/28/2020	PSOR on Address Completed
10/28/2020	Application Incomplete Letter Sent Fingerprint/RI 030 for Charles
11/06/2020	Contact - Document Received Fingerprint/RI 030 for Charles Baroi
11/06/2020	File Transferred To Field Office Grand Rapids
11/12/2020	Contact - Document Sent Rule Book
11/19/2020	Application Complete/On-site Needed
11/19/2020	Inspection Completed On-sit
11/19/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home is owned by James and Maya Baroi, Charles Baroi's parents. Mr. and Mrs. Baroi ran an adult foster care family home at this address from May 20, 2008 until the date of this report. Charles also resides in this home.

This facility is a well maintained bi-level single-family residence located in a suburban neighborhood of similarly sized and maintained properties and has been previously licensed for adult foster care for the past three years. The lower level of the home includes four bedrooms, which will be used by residents. This level also includes a bathroom, living room, and dining area. The applicant will use the upper level of this home. This level includes three bedrooms, a bathroom, living room, and kitchen with dining area.

The furnace is located in a crawl space under the home, and hot water heater is located in a lower level “utility room” and is separated from the other areas of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped battery powered, single station smoke detectors that have been installed near sleeping areas and in the living room. Fire extinguishers are installed on each floor of the home.

The facility is not barrier free and therefore, not wheelchair accessible.

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

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
Bedroom 1	13' 6" x 7' 6"	101	1
Bedroom 2	10' 10" x 9'	98	1
Bedroom 3	12' 10" x 11' 8"	148	2
Bedroom 4	12' 8" x 11' 8"	146	2

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 381 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 six (6) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents, whose diagnosis is aged or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. 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, or the responsible person. In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Charles Baroi. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has named James Baroi, Maya Baroi, and Juliet Troast as responsible persons who will operate this home for up to 72-hours in Charles Baroi's absence, if necessary. All three of these individuals have extensive experience in working in adult foster care and meet the medical and good moral character requirements.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledged the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day, 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 his responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges his responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 his 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledged his responsibility to obtain 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 acknowledged his 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.

#### **D. 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 issuance of a temporary six-month license to this adult foster care family home for a capacity of 6.



November 24, 2020

Ian Tschirhart  
Licensing Consultant

Date

Approved By:



November 24, 2020

Jerry Hendrick  
Area Manager

Date