



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 11, 2021

Roza Tesfaye  
Koni's AFC Home Inc.  
P.O. Box 1094  
Bloomfield Hills, MI 48303

RE: License #: AS630287261  
**Koni's AFC Home II**  
**371 Voorheis**  
**Pontiac, MI 48341**

Dear Mrs. Tesfaye:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 514-9391

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630287261
<b>Licensee Name:</b>	Koni's AFC Home Inc.
<b>Licensee Address:</b>	371 Voorheis Pontiac, MI 48341
<b>Licensee Telephone #:</b>	(248) 396-2973
<b>Licensee Designee:</b>	Roza Tesfaye
<b>Administrator:</b>	Roza Tesfaye
<b>Name of Facility:</b>	Koni's AFC Home II
<b>Facility Address:</b>	371 Voorheis Pontiac, MI 48341
<b>Facility Telephone #:</b>	(248) 499-9084
<b>Original Issuance Date:</b>	08/29/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/11/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: LD/ADMIN

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection was conducted outside of meal preparation hours.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP DATED: 8/17/2019: as312(4)(d), as312(4)(b), as312(4)(e), as403(5),  
as410(1)(a), as319(b), as301(10), as301(6), as301(4), as315(8), as205(3),  
as205(6), as205(7), as312(4)(c), as312(4)(e), as403(1), N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



6/11/2021

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Stephanie Gonzalez  
Licensing Consultant

Date