



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 12, 2021

Janan Kallabat  
Chamberlain House, Inc.  
121 Chamberlain  
Pontiac, MI 48342

RE: Application #: AS630408684  
**Chamberlain House 2**  
**7394 OAK TREE DR**  
**WEST BLOOMFIELD, MI 48322**

Dear Ms. Kallabat:

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 "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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630408684
<b>Licensee Name:</b>	Chamberlain House, Inc.
<b>Licensee Address:</b>	121 Chamberlain Pontiac, MI 48342
<b>Licensee Telephone #:</b>	(248) 335-1370
<b>Licensee Designee:</b>	Janan Kallabat
<b>Administrator:</b>	Janan Kallabat
<b>Name of Facility:</b>	Chamberlain House 2
<b>Facility Address:</b>	7394 OAK TREE DR WEST BLOOMFIELD, MI 48322
<b>Facility Telephone #:</b>	(248) 231-6000
<b>Application Date:</b>	05/17/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/17/2021	On-Line Enrollment
05/18/2021	Contact - Document Sent 1326 & AFC100
05/19/2021	Contact - Document Received 1326 & AFC100
05/19/2021	SC-Application Received - Original
06/04/2021	Application Incomplete Letter Sent Sent via email
06/30/2021	Contact - Telephone call made Spoke to Ms. Kallabat about remaining documents required
07/14/2021	Application Complete/On-site Needed
07/26/2021	Contact - Face to Face Conducted technical assistance onsite at facility to provide guidance on physical plan requirements for licensure.
08/09/2021	Inspection Completed On-site
08/10/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a quad-level home located in the city of West Bloomfield, Michigan. The first floor is the basement; the second floor is the lower level; the third floor is the main level; the fourth floor is the upper level. Upon entering the home, the kitchen, dining room and laundry room are to the right of the entrance. To the left of the entrance is a stairway that leads to the second floor of the home. On the second floor are one living room, two resident bedrooms and one full bathroom, all accessible to residents. Directly to the right of the living room is a doorway that leads to the first-floor basement area. The first-floor basement area has one furnace and one hot water heater and is not accessible to residents. On the third floor of the home there are one living room, one kitchen, one dining room and one laundry room. Directly to the left of the third floor living room is a stairway that leads to the fourth floor of the home. On the fourth floor there are three resident bedrooms, one full bathroom and one ½ bathroom, all accessible to residents.

The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The facility has one gas hot water heater and one gas furnace, which are located on the first floor of the home and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 3" x 12' 3"	156	1
2	11' x 12' 5"	132	2
3	13' 7" x 13' 7"	169	1
4	10' 8" x 10' 8"	100	1
5	13' 3" x 14'	182	1

**Total Capacity: 6**

The indoor living and dining areas measure a total of 433 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Ms. Kallabat intends to provide 24-hour supervision, protection and personal care to 6 male and/or female residents who have a diagnosis of mental impairment or developmental disability. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational/day programs, employment and transportation. Ms. Kallabat intends to accept residents from Oakland County CMH and private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of Ms. Kallabat 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 the quality of life and increase the independence, if applicable of residents.

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

The applicant is Chamberlain House, Inc. L.L.C, a “Domestic Limited Liability Company”, established in Michigan on 11/19/2008. The applicant 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 members of Chamberlain House, Inc. L.L.C. have submitted documentation appointing Ms. Kallabat as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Kallabat were completed, and Ms. Kallabat was determined to be of good moral character to provide licensed adult foster care. Ms. Kallabat submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Kallabat provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Kallabat has a master’s degree in Social Work from Wayne State University, which she was awarded in 2006. Since this time Ms. Kallabat has provided both direct care and administrative oversight to the adult foster care population, specifically individuals with developmental disability and mental impairment. Over the last 15 years, Ms. Kallabat has assisted with adult foster care placements, referrals, assessments, trainings, recruitment, oversight of resident care and direct care staff training.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Ms. Kallabat acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Kallabat has indicated that direct care staff will be awake during sleeping hours.

Ms. Kallabat 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. Kallabat acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Kallabat acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Kallabat acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Kallabat 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.

Ms. Kallabat acknowledged the 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, Ms. Kallabat acknowledged the 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.

Ms. Kallabat acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Kallabat acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

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

Ms. Kallabat acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Kallabat indicated the intent to respect and safeguard these resident rights.

Ms. Kallabat acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

Ms. Kallabat 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 has 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 temporary license to this AFC adult small group home (capacity 1-6).



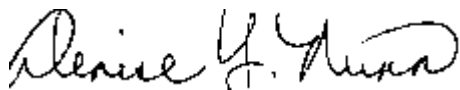
8/12/2021

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



08/12/2021

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Denise Y. Nunn  
Area Manager

Date