



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 5, 2021

Lara Saleh  
Elite AFC LLC  
6480 M-66 S  
East Leroy, MI 49051

RE: Application #: AS130410298  
**Elite AFC**  
**6480 M 66 S**  
**East Leroy, MI 49051**

Dear Mrs. Saleh:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

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

**I. IDENTIFYING INFORMATION**

**License #:** AS130410298

**Applicant Name:** Elite AFC LLC

**Applicant Address:** 6480 M-66 S  
East Leroy, MI 49051

**Applicant Telephone #:** (617) 680-6587

**Administrator:** Louise Gatu

**Licensee Designee:** Lara Saleh

**Name of Facility:** Elite AFC

**Facility Address:** 6480 M 66 S  
East Leroy, MI 49051

**Facility Telephone #:** (973) 955-7825  
09/12/2021

**Application Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

## II. METHODOLOGY

09/12/2021	Enrollment Online App download failure
09/14/2021	Application Incomplete Letter Sent 1326 for Lara, AFC100 for Loise
09/14/2021	Inspection Report Requested - Health Invoice No : 1031967
09/14/2021	Contact - Document Sent AFC100
09/15/2021	Contact - Document Received AFC100 for Loise
09/15/2021	Lic. Unit file referred for background check review Referred to C. Pilarski for review
09/29/2021	Application Incomplete Letter Sent
09/29/2021	Inspection Completed-Env. Health : A
10/06/2021	Contact - Document Received Received documents from Lara Saleh
10/15/2021	Application Incomplete Letter Sent Need furnace inspection report
10/27/2021	Inspection Completed On-site
10/27/2021	Contact - Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Elite AFC is located at 6480 M-66 East Leroy, MI. 49501 in Calhoun County. The home is walk-out ranch on two plus acres of natural landscape. The home is located within five miles of Walmart, Kohl's Department Store, Red Lobster Restaurant and many other stores and restaurants. The home is owned by Ali and Lara Saleh. On file is proof of ownership and permission to inspect. There are three double occupancy bedrooms located on the main level and two full bathrooms on the main level. The main level of the home can be accessed by one egress door in the front of the home and two egress doors in the rear of the home. When entering the front door, the living area is straight ahead, and the kitchen is to the right. The kitchen and living area both connect to the dining room in a circular type of pattern. The bedrooms and two full bathrooms are to the left. Resident bedrooms #4 and #5 are located in the basement and are large enough to accommodate two residents if desired. There is a full bathroom and living area in the basement as well. Egress for the basement is achieved through a sliding glass door and basement bedroom egress windows.

The furnace and hot water heater are located in the basement of the home. Floor separation is accomplished with a 1 ¾ inch solid core door with an automatic self-closing device leading to the basement off of the kitchen. There is another 1 ¾ inch solid core wood door with an automatic self-closing device separating the basement from the furnace room. The facility utilizes propane. Both were in good working order as documented by an inspection conducted on October 13, 2021, by K&H Heating and cooling. The inspection covered heat exchange, wiring, chimney, and control switches. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Smoke detectors were in the living room, kitchen, bedrooms, furnace room and living area in the basement. The system was tested during the on-site inspection and was fully functional.

Resident bedrooms were measured during the on-site inspection and have the following dimensions. Bedrooms 4 and 5 are located in the basement:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 7" X 10' 4"	161 sq ft	2
2	12' 1" X 12' 0"	145 sq ft	2
3	13' 3" X 10' 8"	141 sq ft	2
4	13' 0" X 10' 11"	142 sq ft	2
Basement			
5	17' 11" X 12' 8"	226 sq ft	2
Basement			

The living, dining, and sitting room areas measure a total of 421 square feet of living space. The living room in the basement measured 258 square feet. 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. The facility plans to utilize the bedrooms on the main level, however asked that the bedrooms in the basement be measured to provide their residents with a choice of bedrooms. The facility understands they are only licensed for **six (6)** residents and will not exceed the maximum 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 whose diagnosis is developmentally disabled or mentally impaired, 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 residents from Calhoun County MDHHS, South-East Michigan Community Mental Health, or private pay individuals as a referral source.

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 licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Lara Saleh who is listed as the licensee designee. Loise Gatu is listed as the administrator. 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.

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

Ms. Saleh and Ms. Gatu provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Saleh has owned Infinity AFC since 2019 and provides direct care to the residents with mental illness and developmental disabilities. Ms. Gatu worked as a residential counselor from 2004-2010 where she provided care and supervision to developmentally disabled and mentally ill residents.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of one (1) staff –to- six residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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 acknowledges 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 acknowledges 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 acknowledges 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 acknowledges 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 acknowledges 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 acknowledges their 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.

The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges 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 acknowledges 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 acknowledges 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 the issuance of a six month temporary to this small adult foster care facility with a maximum capacity of six residents.

*Nile Khabeiry, LMSW*

10/29/2021

---

Nile Khabeiry  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

11/05/2021

---

Dawn N. Timm  
Area Manager

Date