



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 16, 2021

Emelin Williams
Kay's Heart, Inc.
7004 Paige Avenue
Warren, MI 48091

RE: Application #: AS500401042
Kay's Heart
7004 Paige Avenue
Warren, MI 48091

Dear Ms. Williams:

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 5 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
Cadillac Place – Suite 9-100
Detroit, MI 48202
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500401042
Licensee Name:	Kay's Heart, Inc.
Licensee Address:	Ste 202 19001 E. 8 Mile Road Eastpointe, MI 48021
Licensee Telephone #:	(248) 525-3424
Licensee Designee:	Emelin Williams
Administrator:	Emelin Williams
Name of Facility:	Kay's Heart
Facility Address:	7004 Paige Avenue Warren, MI 48091
Facility Telephone #:	(248) 525-3424
Application Date:	08/09/2019
Capacity:	5
Program Type:	ALZHEIMERS AGED MENTALLY IMPAIRED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/09/2019	On-Line Enrollment
08/12/2019	PSOR on Address Completed
08/12/2019	Contact - Document Sent Rule booklet
08/13/2019	Contact - Telephone call received Emelin applied for a family home license and needed group home application. An additional \$40 is required
08/28/2019	Contact - Document Received Additional \$40; Ck #178 & corrected app
08/30/2019	File Transferred To Field Office Pontiac/CT
09/05/2019	Contact - Document Received Licensing file received from Central office
10/01/2019	Application Incomplete Letter Sent
10/01/2019	Technical Assistance Walked through entire checklist with applicant and provided extensive TA with physical illustration
11/05/2020	Contact - Document Sent resent enrollment application and TA from 10/1/19
04/12/2021	Contact - Telephone call made Spoke to Ms. Williams regarding remaining documents needed
04/26/2021	Contact - Telephone call made Spoke to Ms. Williams. Informed of the need of document submittal as soon as possible.
08/24/2021	Contact - Telephone call made Spoke to Ms. Williams regarding need for onsite inspection. Scheduled for 9/1 to allow time for her to install fire door
08/24/2021	Application Complete/On-site Needed

09/01/2021	Contact - Face to Face Conducted an onsite visit to provide technical assistance and assess physical plant issues that must be corrected prior to onsite inspection. Multiple items need to be fixed in addition to fire door being installed.
09/02/2021	Application Incomplete Letter Sent Second App Incomplete Letter Sent, specifying physical plant issues to be corrected
09/16/2021	Contact - Document Received Ms. Williams sent an email with an attached copy of a receipt of purchase of a fire door. The receipt is dated 09/14/2021.
09/21/2021	Contact - Document Sent 30-Day Continued Interest Letter sent to Ms. Williams via email.
11/04/2021	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch-style home located within the city of Warren, Michigan. The home consists of a main floor and a basement. On the main floor, there are three resident bedrooms, one full-size resident-accessible bathroom, a living room, kitchen and dining room. Upon entering the home, the living room is to the left. Directly passed the living room is a hallway that leads to three resident bedrooms and a full-size bathroom that is for resident use. To the right of the living room is an entryway that leads to the kitchen and eat-in dining room. Directly past the kitchen is a door that leads to the basement. The basement contains the furnace, hot water heater and laundry room. The basement will not be accessible for resident use. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The home has one gas furnace and one gas hot water heater located in the home. The furnace and hot water heater are located in the basement 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 battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement 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	8' x 10' 8"	80	1
2	11' 10" x 10' 8"	132	2
3	11' 10" x 10' 8"	132	2

Total capacity: 5

The indoor living and dining areas measure a total of 200 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 **five (5) 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 5 male and/or female residents who are aged/Alzheimer's Disease or Mentally Impaired/Developmentally Disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs and transportation. The applicant intends to accept referrals from Macomb County DHS, Macomb CMH, Veterans Administration or residents with 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 the applicant 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 Kay's Heart Inc., L.L.C., a "Domestic Limited Liability Company", established in Michigan on 10/21/2015. 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 Kay's Heart Inc., L.L.C. have submitted documentation appointing Emelin Williams as licensee designee and administrator of the facility.

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

Ms. Williams has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Williams earned a Certified Nursing Assistant Certification in 1986, an Associate of Science Degree in 2004 and a Bachelor of Science in Nursing in 2009. Ms. Williams began working in the healthcare field in 1990 as a direct care worker from a home care agency and has continued to provide direct care to the aged/Alzheimer's and MI/DD populations for the last 30 years. During Ms. Williams career, she has worked as a direct care worker and nurse, assisting individuals with personal care, hygiene, medication management, safety and transportation.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Ms. Williams 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. Williams has indicated that she will ensure all residents are compatible as part of the admission assessment process. Ms. Williams has indicated that direct care staff will be awake during sleeping hours.

Ms. Williams 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. Williams acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Williams acknowledged 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) and the related documents required to demonstrate compliance.

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

Ms. Williams 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. The applicant (s) indicated the intent to respect and safeguard these resident rights.

Ms. Williams 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. Williams 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. Williams 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 1-5).

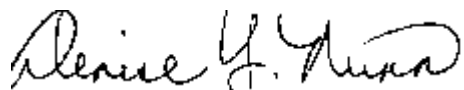


11/16/2021

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



11/16/2021

Denise Y. Nunn
Area Manager

Date