



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 21, 2021

Afzal Troast
3538 144th Ave.
Holland, MI 49424

RE: Application #: AF700408004
Faith Care
3538 144th Ave.
Holland, MI 49424

Dear Mr. Troast:

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

License #:	AF700408004
Applicant Name:	Afzal Troast
Applicant Address:	3538 144th Ave. Holland, MI 49424
Applicant Telephone #:	(616) 994-2260
Administrator/Licensee Designee:	N/A
Name of Facility:	Faith Care
Facility Address:	3538 144th Ave. Holland, MI 49424
Facility Telephone #:	(616) 994-2260
Application Date:	03/02/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/02/2021	Enrollment
04/08/2021	Inspection Report Requested - Health 1031452
04/13/2021	Application Incomplete Letter Sent Signed App & AFC 100 for AHM
04/22/2021	Inspection Completed-Env. Health : B
05/10/2021	PSOR on Address Completed
05/10/2021	Contact - Document Received Revised app. No other adult household members.
05/10/2021	File Transferred To Field Office GR / via Sharepoint
06/04/2021	Application Complete/On-site Needed
06/16/2021	Contact – Telephone call received I spoke with Afzal Troast
06/18/2021	Contact – Onsite inspection
07/16/2021	Contact – Telephone call made I spoke with Afzal Troast
07/21/2021	Contact – Onsite inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was previously licensed as an adult foster care family home from May 20, 2008 until October 11, 2019 (License number: AF700294887). The applicant, Afzal Troast, was a Co-Licensee of that license. Mr. Troast has submitted a mortgage statement which shows his name as a borrower.

This home is a split-level single-family residence. The home has been well maintained and is located in a suburban neighborhood. The lower level of the home includes four bedrooms, which will be used by residents, one full bathroom, and a large living room and dining area. The home is not wheelchair accessible.

The upper level of the home consists of three bedrooms, two bathrooms, a living room, and a kitchen. This will be the living area for the applicant.

The furnace and hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas, in the living room, and in the lower level of the home near the furnace and was tested on the final onsite inspection on July 21, 2021 and was in good working order. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' 3" x 12' 3"	150	2
2	12' 4" x 11' 4"	139	2
3	8' x 10'	80	1
4	8' x 10'	80	1

TOTAL CAPACITY: 6

The lower-level living, dining, and sitting room areas measure a total of 360 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 to ensure that this capacity is not exceeded.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents aged eighteen (18) and older who are ambulatory and whose diagnosis is aged, mentally ill, and/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. Rule/Statutory Violations

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

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 has 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) and the related documents required to be maintained in each employees 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 their 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 acknowledged their 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 their 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 their 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 intend to comply.

The applicant acknowledged their 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 their 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. Rules or 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 six-month Temporary License for six (6) residents of this family home.

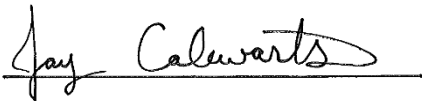


July 21, 2021

Ian Tschirhart
Licensing Consultant

Date

Approved By:



July 22, 2021

Jerry Hendrick
Area Manager

Date