



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 26, 2022

Amitkumar Kalasariya  
Caring Professionals LLC  
73 Birchwood  
Troy, MI 48083

RE: Application #: AS500408403  
**Caring Professionals AFC Home**  
**40150 Sara Rose**  
**Clinton Twp, MI 48038**

Dear Mr. Kalasariya:

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, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-514-9391  
Fax: 517-763-0204

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500408403
<b>Licensee Name:</b>	Caring Professionals LLC
<b>Licensee Address:</b>	40150 Sara Rose Clinton Twp, MI 48038
<b>Licensee Telephone #:</b>	(586) 224-9909
<b>Licensee Designee:</b>	Amitkumar Kalasariya
<b>Administrator:</b>	Amitkumar Kalasariya
<b>Name of Facility:</b>	Caring Professionals AFC Home
<b>Facility Address:</b>	40150 Sara Rose Clinton Twp, MI 48038
<b>Facility Telephone #:</b>	(586) 224-9909
<b>Application Date:</b>	04/29/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

04/29/2021	On-Line Enrollment
04/30/2021	Contact - Document Sent 1326. RI030, AFC100
06/11/2021	Contact - Document Received 1326 & RI030 for Amitkumar
06/21/2021	Contact - Document Received AFC100 for Amitkumar
07/29/2021	Application Incomplete Letter Sent Sent via email
09/30/2021	Contact - Document Received Received application documents.
10/13/2021	Contact - Telephone call made Spoke to applicant. Discussed final documents still needed. Mr. Amit stated that the home is currently under renovations and should be ready for onsite in mid-November
10/22/2021	Contact - Document Received Additional application documents received
10/29/2021	Contact - Document Sent Email exchange regarding documents for application.
11/15/2021	Application Complete/On-site Needed
11/30/2021	Inspection Completed On-site Conducted walk-through of facility and provided technical assistance; Fire door is on backorder and is awaiting delivery and installation
01/07/2022	Contact - Document Received Amitkumar sent confirmation of fire door installation via photos and videos
01/10/2022	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home located in Clinton Township, Michigan. The facility has a main floor and basement. On the main floor are four resident bedrooms, two full bathrooms for resident use, two living rooms, a dining room and kitchen. Upon entering the front door of the home, the living is to the right. To the left of the living room is a hallway that leads to four resident bedrooms and one full-size bathroom for resident use. Directly past the living room are the dining room and kitchen area. Off of the kitchen area is a hallway that leads to a second living room and an additional full-size bathroom for resident use. At the end of the kitchen area is a door that leads to the basement, which houses the hot water heater and furnace. The basement is not accessible for resident use. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The facility utilizes a gas furnace and gas water heater system, that are both located in the basement of the home and are equipped with a 1-3/4 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-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	10' 3" x 16' 8"	160	2
2	11'11" x 14' 8"	154	2
3	10'10" x 13' 5"	130	1
4	10' x 10'	100	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 464 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 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 six male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. 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 or employment and transportation, if applicable. The applicant intends to accept referrals from Macomb County DHS, Macomb County 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 Caring Professionals, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 8/31/2020. 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 Caring Professionals, L.L.C. have submitted documentation appointing Amitkumar Kalasariya as licensee designee and administrator of the facility.

Criminal history background check of Mr. Kalasariya was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Kalasariya submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Kalasariya has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Kalasariya is a licensed physical therapist, who has worked in various adult foster care facilities over the last ten years, providing physical therapy services to residents. Over the last two years, Mr. Kalasariya has been employed at an adult foster care facility as a direct care worker, providing direct care to the aged and Alzheimer's population. As a direct care worker, Mr. Kalasariya has assisted residents with bathing, dressing, grooming, medication administration and meal preparation.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mr. Kalasariya 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. Mr. Kalasariya has indicated that direct care staff will be awake during sleeping hours.

Mr. Kalasariya 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.

Mr. Kalasariya acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Kalasariya 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.

Mr. Kalasariya 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, 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.

Mr. Kalasariya 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, Mr. Kalasariya 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.

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

Mr. Kalasariya 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.

Mr. Kalasariya 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.

Mr. Kalasariya acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Kalasariya 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.

Mr. Kalasariya 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. Mr. Kalasariya indicated the intent to respect and safeguard these resident rights.

Mr. Kalasariya 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.

Mr. Kalasariya 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.

Mr. Kalasariya 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).



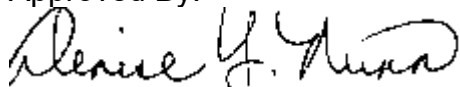
1/12/2022

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



01/26/2022

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Denise Y. Nunn  
Area Manager

Date