



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 23, 2022

Denis Nji
Chufi AFC Inc
5864 Rowley Blvd
Waterford, MI 48329

RE: Application #: AS630406727
Rowley Home
5864 Rowley Blvd
Waterford, MI 48329

Dear Mr. Nji:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630406727
Licensee Name:	Chufi AFC Inc
Licensee Address:	5864 Rowley Blvd Waterford, MI 48329
Licensee Telephone #:	(248) 875-1483
Administrator/Licensee Designee:	Denis Nji, Designee
Name of Facility:	Rowley Home
Facility Address:	5864 Rowley Blvd Waterford, MI 48329
Facility Telephone #:	(248) 875-1483
Application Date:	12/11/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/11/2020	On-Line Enrollment
12/16/2020	On-Line Application Incomplete Letter Sent 1326 & RI030 for Denis, AFC100 for both live in staff
12/16/2020	Contact - Document Sent 1326, RI030, AFC100
02/22/2021	Application Incomplete Letter Sent
03/17/2021	Contact - Telephone call made Spoke to Mr. Nji. Informed of documents needed and 60 day window to complete and submit documents to me by.
03/22/2021	Contact - Document Received Documents received via email
04/02/2021	Contact - Document Received Documents received via email
04/26/2021	Contact - Document Sent Sent follow-up email to Mr. Naji, notifying him of deadline to submit remaining documents, otherwise application will be closed.
04/27/2021	Contact - Document Received E-mail to update facility name per consultant
05/01/2021	Contact - Document Received Application documents received.
05/03/2021	Contact - Document Sent Notified licensee of remaining documents needed.
05/13/2021	SC-Application Received - Original
05/24/2021	Contact - Document Received Received an email from applicant Denis Nji stating he is still working on furnishing the facility and will be ready for the onsite investigation next month.
06/14/2021	Application Incomplete Letter Sent No letter sent

08/05/2021	Contact - Document Sent Emailed applicant Denis Nji to see when he is available for an onsite inspection.
08/24/2021	Inspection Completed On-site
09/22/2021	Application Incomplete Letter Sent Confirming letter emailed
10/21/2021	Contact - Telephone call made Telephone call made to applicant Denis Nji. He stated his contractors are still working on the home. He should be ready for a follow up inspection in two weeks. He stated there are no residents in the home.
12/06/2021	Inspection Completed On-site
12/06/2021	Inspection Completed-BCAL Sub. Compliance
12/07/2021	Application Incomplete Letter Sent Email sent instead requesting medical clearances and TB tests. Also, asked where live-in staff will sleep. Await reply.
12/23/2021	Contact - Document Received Documentation received
01/03/2022	Application Incomplete Letter Sent Sent a follow up email requesting updated medical clearances for applicant and household member as well as verification of experience.
01/27/2022	Contact - Document Received Documentation received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch located in Waterford. The main level consists of four bedrooms, a kitchen, living room, dining room, and a full bathroom. The facility is not wheelchair accessible. The facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1¾-inch solid core door located at top/bottom of stairs. The facility is equipped with interconnected,

hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.²

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'10" x 9'7"	94.17	1
2	13'2" x 9"	118.53	1
3	11'1" x 13'8"	151.46	2
4	16'2" x 11'8"	188.70	2

Total: 6

The living, dining, and sitting room areas measure a total of 331.39 square feet of living space. 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.

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 Oakland County-DHS, Oakland County CMH, 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 Chufi AFC Inc, which is a “For Profit Corporation” was established in Michigan, on 09/01/2020. Chufi AFC Inc 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 Board of Directors of Chufi AFC Inc have submitted documentation appointing Denis Nji as Licensee Designee and Administrator of the facility.

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

Mr. Nji have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Nji served as a certified nurse assistant at Bloomfield Orchard Villa nursing home for approximately four years. In addition, he served as a nurse at Regency at Waterford assisted living facility for about five years as well as a nurse at Lourdes Senior Community retirement home for about two years.

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

Mr. Nji acknowledged 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.

Mr. Nji 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. Nji acknowledged 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mr. Nji acknowledged 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, Mr. Nji 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. Nji acknowledged his 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. Nji acknowledged his 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. Nji 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.

Mr. Nji acknowledged his responsibility to obtain the required written assessment, 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. Nji acknowledged his 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. Nji acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Nji 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Nji acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Nji indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Nji acknowledged 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. Mr. Nji has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

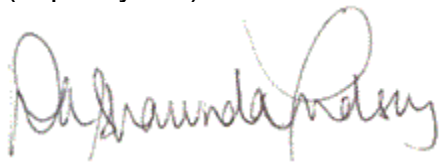
Mr. Nji acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Chufi AFC Inc was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).




02/01/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



02/23/2022

Denise Y. Nunn
Area Manager

Date