



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2022

Appolonia Okonkwo  
Tender Heart Staffing Inc  
828 Cherry Avenue  
Royal Oak, MI 48073

RE: Application #: AS630408454  
**Cherry Oak Inn**  
**828 Cherry Avenue**  
**Royal Oak, MI 48073**

Dear Mrs. Okonkwo:

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>	AS630408454
<b>Licensee Name:</b>	Tender Heart Staffing Inc
<b>Licensee Address:</b>	828 Cherry Avenue Royal Oak, MI 48073
<b>Licensee Telephone #:</b>	(248) 240-4413
<b>Licensee Designee:</b>	Appolonia Okonkwo
<b>Administrator:</b>	Appolonia Okonkwo
<b>Name of Facility:</b>	Cherry Oak Inn
<b>Facility Address:</b>	828 Cherry Avenue Royal Oak, MI 48073
<b>Facility Telephone #:</b>	(313) 790-6835
<b>Application Date:</b>	05/03/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/04/2021	Contact - Document Received Application documents received
05/03/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for LD, AFC100 for Admin
05/03/2021	On-Line Enrollment
05/04/2021	Contact - Document Sent 1326, RI030, AFC100
05/14/2021	Contact - Document Received 1326, RI030, AFC100
05/19/2021	Application Incomplete Letter Sent Sent via email
07/06/2021	Contact - Telephone call received Spoke to applicant; Discussed documents needed and application process.
10/08/2021	Contact - Document Received Received application documents
12/09/2021	Contact - Document Received Application documents received
01/13/2022	Contact - Document Received Application documents received
01/31/2022	Contact - Document Received Application documents received
02/03/2022	Contact - Document Received Application documents received
02/14/2022	Application Complete/On-site Needed
02/23/2022	Inspection Completed On-site
02/23/2022	Contact - Document Sent Email exchange with applicant regarding final physical plant completion and document submittal.
02/23/2022	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch style bungalow home located within the city of Royal Oak, Michigan. On the main floor of the home are five resident bedrooms, three full bathrooms, a kitchen, dining room, and living room. The home has a 2<sup>nd</sup> floor bungalow area, which will not be used as a bedroom and will be used for living purposes. The home has a basement area that houses the furnace, hot water heater and laundry room. Upon entering the home, the kitchen and dining room are the first rooms entered. To the left of the kitchen is a hallway that leads to two full-size bathrooms, a living room area and four resident bedrooms. To the right of the kitchen is a hallway that leads to one resident bedroom with a private full-size bathroom. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The home utilizes gas for both the furnace and hot water heater, which are located in the basement of the home. The furnace and hot water heater are equipped with a 1¾ 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 back-up which was installed by a licensed electrician and is fully operational and 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	22' 6" x 15' 6"	348	2
2	9' 3" x 10' 10"	100	1
3	9' 11" x 10' 11"	108	1
4	15' 11" x 10' 10"	172	1
5	19' 5" x 13' 6"	262	1

**Total Capacity: 6**

The indoor living and dining areas measure a total of 302 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 mentally ill or 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 or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland 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 Tender Heart Staffing Inc., L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 05/14/2014. 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 Tender Heart Staffing Inc., L.L.C. have submitted documentation appointing Appolonia Okonkwo as licensee designee and administrator for this facility.

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

Ms. Okonkwo provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Okonkwo has been working in the field of adult foster care for 22 years. Ms. Okonkwo began her career as a direct care staff in 1999, providing personal care and supervision to the aged and DD/MI populations. Since 2007, Ms. Okonkwo has been both a direct care staff and administrator/licensee designee for various adult foster care facilities within the State of Michigan. Ms. Okonkwo’s current job duties include providing personal care, medication administration, meal preparation and supervision to adult foster care residents, as well as administrative duties.

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

Ms. Okonkwo 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. Okonkwo acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Okonkwo 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Okonkwo 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 Ms. Okonkwo will administer medication to residents. In addition, Ms. Okonkwo 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. Okonkwo 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. Okonkwo 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. Okonkwo 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. Okonkwo 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. Okonkwo 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. Okonkwo acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Okonkwo 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 Ms. Okonkwo.

Ms. Okonkwo 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. Ms. Okonkwo indicated the intent to respect and safeguard these resident rights.

Ms. Okonkwo 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. Okonkwo 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. Okonkwo 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).



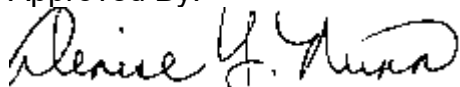
03/16/2022

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



03/25/2022

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Denise Y. Nunn  
Area Manager

Date