



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 25, 2022

Marium Knybel
32564 Creekview
New Haven, MI 48048

RE: Application #: AS630409577
Stratford Upon Avon
2038 Stratford Dr
Troy, MI 48083

Dear Ms. Knybel:

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

License #:	AS630409577
Licensee Name:	Marium Knybel
Licensee Address:	32564 Creekview Ave New Haven, MI 48048
Licensee Telephone #:	(586) 909-7600
Licensee Designee:	Marium Knybel
Administrator:	Marium Knybel
Name of Facility:	Stratford Upon Avon
Facility Address:	2038 Stratford Dr Troy, MI 48083
Facility Telephone #:	(248) 817-6804
Application Date:	07/22/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

07/22/2021	On-Line Enrollment
07/23/2021	Contact - Document Sent 1326, AFC100, RI030 for applicant
07/26/2021	Contact - Document Received 1326, RI030, AFC100 for applicant
08/05/2021	Application Incomplete Letter Sent Sent via email
09/20/2021	Contact - Document Received Application documents received
10/19/2021	Contact - Document Received Application documents received
11/15/2021	Contact - Document Received Application documents received
12/09/2021	Contact - Document Received Application documents received
01/12/2022	Contact - Document Received Applicant requested onsite to be in March 2022, due to awaiting city permits and final construction of home.
03/01/2022	Application Complete/On-site Needed
03/07/2022	Inspection Completed On-site
03/10/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a basement, located within the city of Troy, Michigan. The home has six resident bedrooms, two full-size bathrooms, living room, family room, kitchen, dining room and laundry room, all located on the main floor of the home. The furnace and hot water heater are located in the basement of the home. Upon entering the home, the living room is to the right. Past the living room is a hallway to the left, that leads to three resident bedrooms and one full-size bathroom. Directly past the living room are the kitchen and dining room areas. Off of the kitchen area is a door that leads to the basement. To the left of the dining room are the family room, three resident

bedrooms and one full-size bathroom. 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 public water supply and sewage disposal system.

The home utilizes a gas furnace and gas hot water heater system, both of 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	8' 6" x 10'	85	1
2	10' x 11' 5"	114	1
3	10' 4" x 9' 10"	101	1
4	8' 10" x 9' 11"	87	1
5	10' x 9'	90	1
6	16' 9" x 8' 11"	149	1

Total Capacity: 6

The indoor living and dining areas measure a total of 342 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 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 Marium Knybel. Ms. Knybel 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.

Ms. Knybel has submitted documentation appointing herself as the licensee and administrator for this facility.

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

Ms. Knybel has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Knybel earned her associates degree in Business Management in 2006. Ms. Knybel began working in the field of adult foster care in 2017 as a direct care staff. Over the last five years, Ms. Knybel has continued to provide direct care to the AFC population, specifically the aged and Alzheimer's populations. Ms. Knybel's daily tasks with residents include bathing, grooming, medication administration, toileting and supervision. Ms. Knybel also the licensee and administrator for two other adult foster care facilities within the State of Michigan and has a wealth of administrative and management experience related to adult foster care.

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. Knybel 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. Knybel has indicated that direct care staff will be awake during sleeping hours.

Ms. Knybel 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. Knybel acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Knybel 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. Knybel 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. Knybel will administer medication to residents. In addition, Ms. Knybel 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. Knybel 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. Knybel 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. Knybel 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. Knybel 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. Knybel 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. Knybel acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Knybel 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. Knybel.

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

Ms. Knybel 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. Knybel 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. Knybel 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).

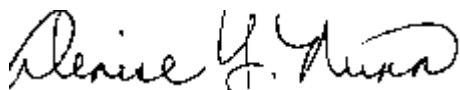


3/16/2022

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



03/25/2022

Denise Y. Nunn
Area Manager

Date