



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 8, 2023

Cynthia Nkeng  
Five Star Residential, Inc.  
22190 Sussex Street  
Oak Park, MI 48237

RE: Application #: AS630414518  
**Mada Home**  
**21311 Mada Ave.**  
**Southfield, MI 48075**

Dear Ms. Alemnjuh:

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 blue ink that reads "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630414518
<b>Applicant Name:</b>	Five Star Residential, Inc.
<b>Applicant Address:</b>	22190 Sussex Street Oak Park, MI 48237
<b>Applicant Telephone #:</b>	(248) 421-2735
<b>Administrator/Licensee Designee:</b>	Judith Alemnjuh/Cynthia Nkeng
<b>Name of Facility:</b>	Mada Home
<b>Facility Address:</b>	21311 Mada Ave. Southfield, MI 48075
<b>Facility Telephone #:</b>	(248) 836-8987
<b>Application Date:</b>	10/19/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/19/2022	Enrollment
10/19/2022	Application Incomplete Letter Sent 1326/RI 030/Fingerprint for Cynthia Nkeng & AFC 100 for Judith Alemnjuh
10/19/2022	PSOR on Address Completed
10/26/2022	Contact - Document Received 1326/RI 030 for Cynthia Nkeng (referred to Candace) & AFC 100 for Judith Alemnjuh
11/03/2022	File Transferred To Field Office Pontiac via SharePoint
11/14/2022	Application Incomplete Letter Sent
01/26/2023	Contact - Document Received Received documents
01/30/2023	Contact - Document Received Received documents
02/06/2023	Inspection Completed On-site
02/06/2023	Inspection Completed-BCAL Sub. Compliance
02/08/2023	Contact - Document Received Received pictures of the mirrors added to the residents' bedrooms. Received videos of the egress doors equipped with acceptable locks.
02/15/2023	Application Incomplete Letter Sent
02/24/2023	Contact - Document Received Received documents
02/28/2023	Contact - Document Sent Requested documents
03/06/2023	Contact - Document Received Received documents

03/07/2023	Application Complete/On-site Needed Onsite conducted on 02/06/2023
03/07/2023	Inspection Completed-BCAL Full Compliance Onsite conducted on 02/06/2023
03/07/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch type home located in Southfield. The facility consists of three resident bedrooms, one full bathroom, an adjoined living room and dining room, a laundry room, a kitchen, a recreational room, an office and two storage closets. There is also a full staff bathroom that is off limits to residents. This facility is not wheel accessible. The facility utilizes a public water and sewage system.

The gas furnace and hot water heater are located on the main floor or basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'8" x 13'8"	186.87	2
2	12'11" x 11'1"	143.15	2
3	15'2" x 10'1" -6'3" x 2'4"	138.35	2

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 474.40 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 and Oakland County CMH as referral sources.

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 Five Star Residential, Inc., which is a "Non-Profit Corporation" was established in Michigan, on 07/25/2013. Five Star Residential, 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 Five Star Residential, Inc. have submitted documentation appointing Cynthia Nkeng as Licensee Designee for this facility and Judith Alemnjuh as the Administrator of the facility.

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

Ms. Nkeng and Ms. Alemnjuh have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nkeng

has served as licensee designee of Five Star Residential Inc (AS630405274) since 10/28/2020. The population served is mentally ill, developmentally disabled, and aged. Ms. Alemnjuh has served as administrator of that facility since 10/28/2020. In addition, Ms. Alemnjuh has served administrator and licensee designee of Sussex Home (AS630352375), Melrose Home (AS630395154), and Golfview Home (AS630407499) since 09/23/2014, 02/19/2019, and 04/21/2021. The populations served include mentally ill, developmentally disabled, aged, and/or Alzheimer's.

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

Ms. Nkeng 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.

Ms. Nkeng 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. Nkeng 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Nkeng 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, Ms. Nkeng 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. Nkeng acknowledged her 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. Nkeng acknowledged her 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. Nkeng 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.

Ms. Nkeng acknowledged her 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. Nkeng acknowledged her 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. Nkeng acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Nkeng 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.

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

Ms. Nkeng 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. Ms. Nkeng has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Nkeng acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

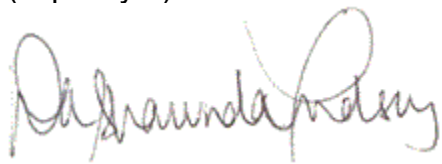
Ms. Nkeng acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Ms. Nkeng 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 6).



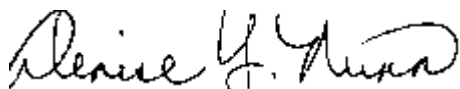
03/07/2023

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



03/08/2023

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Denise Y. Nunn  
Area Manager

Date