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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Tamisha Kaplan
A Caring Home of Michigan, LLC
P.O. Box 81
Walled Lake, MI 48390

RE: Application #: AS630418269
Chateau of Bloomfield-Lasher Home
2563 Lasher Road
Bloomfield Hills, MI 48304

Dear Ms. Kaplan:

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 and special certification 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: 248-308-6012
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 #:	AS630418269
Applicant Name:	A Caring Home of Michigan, LLC
Applicant Address:	45750 Eleven Mile Novi, MI 48374
Applicant Telephone #:	(248) 380-4663
Administrator/Licensee Designee:	Tamisha Kaplan
Name of Facility:	Chateau of Bloomfield-Lasher Home
Facility Address:	2563 Lasher Road Bloomfield Hills, MI 48304
Facility Telephone #:	
Application Date:	02/23/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/23/2024	Enrollment
02/23/2024	PSOR on Address Completed
02/23/2024	Application Incomplete Letter Sent 1326/RI030 New fingerprints are needed
02/23/2024	Contact - Document Sent sent email to ask about the well/septic
02/23/2024	Contact - Document Sent forms sent
03/26/2024	Contact - Document Received 1326/RI030
04/19/2024	Application Incomplete Letter Sent Sent via email
06/10/2024	Contact - Telephone call made Telephone call with Ms. Kaplan
08/22/2024	Contact - Document Received Application documents received via email
08/30/2024	Contact - Document Received Application documents received via email
09/01/2024	Contact - Document Sent Email exchange with Ms. Kaplan
09/04/2024	Contact - Document Received Facility documents received via email
09/26/2024	Contact - Document Sent Email exchange with Ms. Kaplan
09/27/2024	Inspection Completed On-site I completed an onsite inspection at the home
10/15/2024	Contact - Document Received Application follow-up and review of documents
11/20/2024	Contact - Document Sent Email exchange with Ms. Kaplan on final application documents and review

11/27/2024	Contact - Document Received Facility documents received via email
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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 Bloomfield Hills, Michigan. The home consists of three resident bedrooms, two full-size bathrooms, a living room, family room, dining room, kitchen and laundry room, all located on the main floor of the home. Upon entering the home, the family room is located on the right-hand side. Past the family room are the kitchen, dining room and living room areas. To the right of the entry way is a hallway that leads to the three resident bedrooms, two bathrooms and laundry room. Across from the living room is a door that leads to the basement. The home is wheelchair accessible and has at least two approved means of egress that is equipped with a ramp from the first floor. The home utilizes a private water supply and sewage disposal system, which was inspected by the Michigan Department of Health and Human Services Environmental Health on 3/25/2024 and determined to be in substantial compliance with all applicable rules.

The home utilizes a gas water heater and gas furnace, both of which are located in the basement, and 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	11 x 16	176	2
2	11 x 17	187	2
3	11 x 16	176	2

Total capacity: 6

The indoor living and dining areas measure a total of 448 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 physically handicapped, 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 A Caring Home of Michigan, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 8/4/2008. 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 A Caring Home of Michigan, L.L.C. have submitted documentation appointing Tamisha Kaplan as licensee designee and administrator for this facility.

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

Ms. Kaplan has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Kaplan has served as Licensee Designee and Administrator of two licensed adult foster care facilities, Chateau of Novi (AS630298741), since 01/22/2009 and Chateau of Bloomfield (AS63039176), since 08/01/2018. Ms. Turner has over 11 years of experience providing care to the physically handicapped, developmentally disabled and mentally ill populations.

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

Ms. Kaplan 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. Kaplan acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Kaplan 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. Kaplan 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, Ms. Kaplan 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. Kaplan 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. Kaplan 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. Kaplan 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. Kaplan 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. Kaplan 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. Kaplan acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Kaplan 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. Kaplan 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. Kaplan indicated the intent to respect and safeguard these resident rights.

Ms. Kaplan 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. Kaplan 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. Kaplan 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 six-month temporary license and special certification to this adult foster care family home with a capacity of 6.

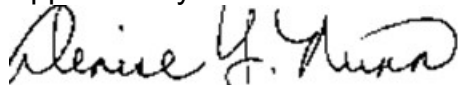


12/5/2024

Stephanie Gonzales
Licensing Consultant

Date

Approved By:



12/16/2024

Denise Y. Nunn
Area Manager

Date