



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 29, 2025

Mahbobur Rahaman
SNR Comfort Care LLC
1228 E. Jarvis
Hazel Park, MI 48030

RE: Application #: AS630418460
Jarvis Special Residence
1228 E. Jarvis
Hazel Park, MI 48030

Dear Mr. Rahaman:

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 3 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 #:	AS630418460
Applicant Name:	SNR Comfort Care LLC
Applicant Address:	1228 E. Jarvis Hazel Park, MI 48030
Applicant Telephone #:	(313) 424-5886
Administrator/Licensee Designee:	Mahbobur Rahaman
Name of Facility:	Jarvis Special Residence
Facility Address:	1228 E. Jarvis Hazel Park, MI 48030
Facility Telephone #:	(313) 424-5886
Application Date:	04/29/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/29/2024	Enrollment
05/09/2024	PSOR on Address Completed
05/09/2024	Contact - Document Received 1326
05/09/2024	Application Incomplete Letter Sent RI030/FP, IRS letter (FEIN was not provided)
05/09/2024	Contact - Document Sent Forms sent
08/06/2024	Contact - Document Received IRS letter
08/27/2024	Contact - Document Received Ri030
09/17/2024	Application Incomplete Letter Sent Sent via email
09/17/2024	Contact - Telephone call made I spoke to applicant via telephone
10/04/2024	Contact - Document Sent Email exchange with applicant
10/15/2024	Application Complete/On-site Needed
10/17/2024	Contact - Document Received Email exchange with applicant
10/21/2024	Contact - Document Sent Email exchange with applicant
10/25/2024	Inspection Completed On-site
12/06/2024	Contact - Document Received Facility documents received via email
01/07/2025	Contact - Document Sent Email exchange with applicant regarding final documents needed

01/12/2025	Contact - Document Received Final documentation received via email from applicant
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located within the city of Hazel Park, Michigan. The home consists of two bedrooms, one full-size bathroom, a living room, dining room, kitchen and laundry room. The home does not have a basement. Upon entering the home, the living room is to the left. To the right of the living room is one resident bedroom and the full-size bathroom. Past the living room are the kitchen, laundry room and a second resident bedroom. The home is not wheelchair accessible and does not have two approved means of egress equipped with a ramp from the first floor. The home utilizes public water supply and sewage disposal system.

The home utilizes a gas water heater and furnace, which are located on the main level of the home 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, 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' 10" x 9' 5"	83	1
2	9' 7" x 13' 3"	126	2

Total capacity: 3

The indoor living and dining areas measure a total of 106 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 **three (3)** 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 3 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

SNR Comfort Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 07/04/2023. 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 SNR Comfort Care, L.L.C. have submitted documentation appointing Mahbobur Rahaman as licensee designee and administrator of the facility.

Criminal history background checks of Mr. Rahaman were completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Rahaman submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Rahaman has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Rahaman has worked within the field of adult foster care for 13 years. Mr. Rahaman started his career providing direct care to the adult foster care population as a home care agency in 2011 and has continued to work within the field since that time. Over the last 13 years, Mr. Rahaman has provided direct care to residents, including bathing, dressing, grooming, and medication administration. Over the last several years, Mr. Rahaman has taken on administrative and management duties, which include staff trainings, ensuring compliance with AFC licensing rules, and completing residents’ assessment and admission paperwork. Mr. Rahaman also submitted document confirming his education and training qualifications.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff for 3 residents per shift. Mr. Rahaman 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. Mr. Rahaman has indicated that direct care staff will be awake during sleeping hours.

Mr. Rahaman 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. Rahaman acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Rahaman 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.

Mr. Rahaman 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, Mr. Rahaman 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. Rahaman 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, Mr. Rahaman 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.

Mr. Rahaman acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Rahaman 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.

Mr. Rahaman 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.

Mr. Rahaman acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Rahaman 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 Mr. Rahaman.

Mr. Rahaman 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. Mr. Rahaman indicated the intent to respect and safeguard these resident rights.

Mr. Rahaman 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.

Mr. Rahaman 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.

Mr. Rahaman 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).

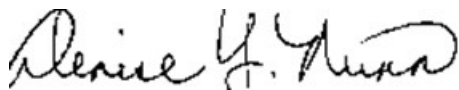


1/16/2025

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/29/2025

Denise Y. Nunn
Area Manager

Date