



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 21, 2025

Silas Tayong  
Comfort Group Home LLC  
96 N Telegraph Rd  
Pontiac, MI 48341

RE: License #: AS630418756  
**Comfort Group Home**  
**96 Telegraph Rd**  
**Pontiac, MI 48341**

Dear Silas Tayong:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418756
<b>Licensee Name:</b>	Comfort Group Home LLC
<b>Licensee Address:</b>	96 N Telegraph Rd Pontiac, MI 48341
<b>Licensee Telephone #:</b>	(734) 444-7484
<b>Administrator/Licensee Designee:</b>	Silas Tayong
<b>Name of Facility:</b>	Comfort Group Home
<b>Facility Address:</b>	96 Telegraph Rd Pontiac, MI 48341
<b>Facility Telephone #:</b>	(734) 444-7484
<b>Original Issuance Date:</b>	12/19/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/20/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
did not occur during inspection
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐  
If no, explain. No contract yet
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>MCL 400.734b</b>	<b>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006, but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh and direct care staff Frances Njimgou did not have their fingerprints completed at the time of hire.

<b>R 400.14201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.</b>
	<b>(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to ensure the welfare of residents.</b>

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh and direct care staff Frances Njimgou did not have their ICHAT completed to determine if they were on parole or probation or convicted of felony at the time of their hire.

Note: **VIOLATION CORRECTED**

<b>R 400.14207</b>	<b>Required personnel policies.</b>
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh and direct care staff Frances Njimgou did not have verification of receipt of the policies and procedures in their employee records.

<b>R 400.14207</b>	<b>Required personnel policies.</b>
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh and direct care staff Frances Njimgou did not have verification of receipt of their job description in their employee records.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh and direct care staff Frances Njimgou did not have verification of reference checks in their employee records.

**Note: VIOLATION CORRECTED**

<b>R 400.14204</b>	<b>Direct care staff qualifications and training.</b>
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (d) Personal care, supervision, and protection.

During the on-site inspection on 05/20/2025, direct care staff Irene-Takwi Lineh did not have her reporting requirements training completed and direct care staff Frances Njimgou did not have his personal care, supervision, and protection training completed.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 05/20/2025, the hot water was below the range of 105°-120° Fahrenheit at the kitchen faucet (102.6°), at the main floor bathroom faucet (102°) and at the upstairs bathroom faucet (103.5°).

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

During the on-site inspection on 05/20/2025, the aluminum siding was hanging off side of the house near the roof.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the on-site inspection on 05/20/2025, there was a puddle of water near the washer and dryer located in the basement.

A corrective action plan was requested and approved on 05/20/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented at the specified time, it may be necessary to re-evaluate the status of your license and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



05/21/2025

Frodet Dawisha  
Licensing Consultant

Date