



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

February 7, 2005

Zimcare Foster Care Homes, LLC  
P.O. Box 19316  
Kalamazoo, MI 49019

RE: Application #: AS390272314  
Darby Lane  
600 Darby Lane  
Kalamazoo, MI 49006

Dear Zimcare Foster Care Homes, LLC:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant  
Office of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5028

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS390272314

**Applicant Name:** Zimcare Foster Care Homes, LLC

**Applicant Address:** 1339 Kingston Ave.  
Kalamazoo, MI 49001

**Applicant Telephone #:** (269) 760-8553

**Administrator/Licensee Designee:** Cleopas Kaliati, Administrator

**Name of Facility:** Darby Lane

**Facility Address:** 600 Darby Lane  
Kalamazoo, MI 49006

**Facility Telephone #:** (269) 383-5926  
12/07/2004

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

12/07/2004	Enrollment
12/09/2004	File Transferred To Field Office Kalamazoo
12/14/2004	Application Incomplete Letter Sent
01/18/2005	Contact - Document Received requested application materials
01/20/2005	Application Complete/On-site Needed
01/28/2005	Inspection Completed On-site
01/31/2005	Application Incomplete Letter Sent confirming letter
02/03/2005	Corrective Action Plan Received
02/04/2005	Corrective Action Plan Approved
02/04/2005	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a 5 bedroom, ranch style home located in a residential neighborhood. Shopping, medical and recreational activities are in close proximity. This facility has a full basement, but as it does not have two means of egress residents are not to be in the basement for any purpose. The facility does not have ramps so residents depending upon wheelchairs for entrance and exiting may not be admitted. Residents must be able to climb steps to enter and exit the home.

Four bedrooms have sufficient space for single occupancy; one bedroom has space for two occupants. This facility contains two full bathrooms. The home also has a living area, dining area, and kitchen.

This home has two exits from the first floor, which meets fire safety requirements. The smoke detection system and fire extinguishers were professionally inspected on 01/25/2005 and determined to be in working order. The furnace, located in the basement, was professionally inspected on 01/24/2005 and determined to be in safe working condition. The floor separation between the furnace and the rest of the house is in compliance with licensing rules. While the home has a fireplace, its use is not

permitted under licensing rules and the licensee has stated that the fireplace is bolted and will not be used.

The licensee leases this facility and authorization has been received from the landlord for the adult foster home to occupy the premises.

This facility is on public water and sewage disposal systems.

## **B. Program Description**

The licensee, Zimcare Foster Care Homes, LLC has designated Cleopas Kaliati as the license designee and administrator for the corporation. Mr. Kaliati has submitted evidence of Good Moral Character, good physical and mental health, including TB test results, and evidence of his competencies to be administrator.

The licensee has indicated a desire to provide services to individuals with developmental disabilities, mental illness, and the aged. The licensee has applied for Special Certification to provide specialized services under contract to mental health agencies. The licensee will accept men or women.

The licensee intends to provide one staff person for three shifts daily, with an awake nighttime shift staff. The licensee is aware of the requirement to conduct criminal background checks on all employees. The licensee also has contracted for the services of a psychologist.

The licensee has been provided with the rules and forms necessary to be in compliance with licensing rules. Mr. Kaliati is aware of how to order and download forms from the OCAL website. The licensee is given permission to substitute Quick Books-Pro 2004 as a substitute for the OCAL Resident Funds & Valuable Part II form to record foster care payments.

## **C. Rule/Statutory Violations**

The licensee is in compliance with licensing laws and rules. Handrails have not been installed on the open sides of the stairs leading into the home. The licensee has submitted a corrective action plan stating that handrails would be installed as soon as weather conditions permit. The license will not be renewed until handrails are installed. Compliance with quality of care rules will be further evaluated once a license is issued and residents are in care.

**IV. RECOMMENDATION**

I recommend that a temporary six-month license with a capacity of six be issued.

\_\_\_\_\_  
Susan Gamber Date  
Licensing Consultant

Approved By:

\_\_\_\_\_  
Gregory V. Corrigan Date  
Area Manager