



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 30, 2009

Albert Sarkar
1622 Lake Street
Niles, MI 49120

RE: Application #: AF110304834
Kathy AFC Home
1622 Lake Street
Niles, MI 49120

Dear Mr. Sarkar:

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,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF110304834

Applicant Name: Albert Sarkar

Applicant Address: 1622 Lake Street
Niles, MI 49120

Applicant Telephone #: (269) 683-3049

Administrator/Licensee Designee: N/A

Name of Facility: Kathy AFC Home

Facility Address: 1622 Lake Street
Niles, MI 49120

Facility Telephone #: (269) 683-3049

Application Date: 09/22/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/22/2009	Enrollment
09/24/2009	Contact - Document Sent Rules & Act booklets
09/24/2009	Lic. Unit file referred for criminal history review David
09/24/2009	Application Incomplete Letter Sent Rec'd cl for Kamona
09/28/2009	Contact - Document Sent ltr re PSOR-David
09/29/2009	Contact - Document Received Rec. cl for Kamona
10/07/2009	Contact - Telephone call made left message for applicant to call me
10/21/2009	Inspection Completed On-site
10/21/2009	Inspection Completed-BFS Sub. Compliance
11/20/2009	Inspection Completed On-site
11/20/2009	Corrective Action Plan Approved
11/25/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a change of ownership application (previous license #AF1102960050). It is located in the city of Niles, MI.

The home is wood frame with two stories and a full basement. Residents occupy the 1st floor only that includes 3 double-occupancy resident bedrooms, a staff office, 1 full bathroom, a full kitchen, a dining area, and a living room. The 2nd floor has 2 bedrooms, kitchen/dining area, 1 full bathroom, and living room and is occupied by the applicant and his family. On file is a floor plan with room dimensions that indicate compliance with space requirements.

The basement has laundry washer/dryer and gas-fired furnace and water heater. On file is proof the furnace was recently inspected and approved by a licensed heating

contractor and the water heater is new and installed by a licensed plumber. The home is in compliance with rules pertaining to Fire Safety.

Public water and sewer is provided, and the home is in substantial compliance with rules pertaining to Environmental Health.

The applicant is leasing the home with a purchase option. On file is proof of ownership, written statement from owner giving permission for use as an AFC home, and a copy of the lease.

B. Program Description

Albert Sarkar is the applicant and his wife and 2 daughters (1 minor; 1 adult) will also reside in the home. Medical, TB, and criminal record clearances for Mr. Sarkar, his wife, and adult daughter are on file.

The applicant is approved to provide care for the mentally ill, developmentally disabled, aged, physically handicapped, traumatic brain injured, and Alzheimer's populations. Both genders are accepted. Residents who regularly use wheelchairs can not be accommodated.

Public transportation is available and emergency transportation is available by dialing 911. Other transportation services may be specified in the resident care agreements.

Technical assistance was provided to the applicant on Act and Administrative Rule requirements relating to the home as well as resident and staff record keeping, including the handling and accounting of resident funds. The applicant has the necessary resident record forms to permit rule compliance.

There will be at least one direct care staff on duty, 24 hours per day, whenever residents are in the home. The applicant and several other responsible persons will provide resident care. The applicant was informed of the requirement that he must assess the suitability/moral character of any person who provides care to residents, and of Act 29 regarding criminal background checks for employees.

A review of the application indicates substantial compliance with rules pertaining to financial capability of the applicant.

C. Conclusions

This study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing the operation of Adult Foster Care Family Homes. The findings indicate this applicant is in substantial compliance with the Act and Administrative Rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

Kenneth Tindall

11.25.09

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

11/30/2009

Gregory V. Corrigan
Area Manager

Date