



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

September 23, 2014

Judith Tanguaka
Five Star Residential, Inc.
22190 Sussex Street
Oak Park, MI 48237

RE: Application #: AS630352375
Five Star Residential
22190 Sussex Street
Oak Park, MI 48237

Dear Ms. Tanguaka:

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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630352375
Applicant Name:	Five Star Residential, Inc.
Applicant Address:	22190 Sussex Street Oak Park, MI 48237
Applicant Telephone #:	(248) 421-2735
Administrator/Licensee Designee:	Judith Tanguaka
Name of Facility:	Five Star Residential
Facility Address:	22190 Sussex Street Oak Park, MI 48237
Facility Telephone #:	(248) 421-2735
Application Date:	11/12/2013
Capacity:	6
Program Type:	AGED MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

11/12/2013	Enrollment
11/14/2013	Contact - Document Received Medical Clearance & TB for Judith Tanguaka.
11/21/2013	Application Complete/On-site Needed
11/21/2013	File Transferred To Field Office Pontiac.
11/26/2013	Contact - Document Received Received Licensing File from Central Office.
12/06/2013	Application Incomplete Letter Sent Requesting additional documents for inclusion in licensing file.
01/09/2014	Contact – Face to Face Met with licensee designee to provide technical assistance regarding licensing rule requirements, required information, and application process.
05/23/2014	Inspection Completed On-site
07/25/2014	Inspection Completed On-site
08/08/2014	Exit Conference With licensee designee.
08/08/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a one level brick structure with a basement. It is located in a residential area in the city of Oak Park, within a neighborhood of similar type single family dwellings. The facility has no garage but has a concrete driveway that provides adequate off street parking for staff and visitors. It has a fenced in backyard.

The facility is located within a few miles of community based resources, such as retail shopping centers, supermarkets, hospitals, libraries, schools, places of worship, and recreational/cultural facilities.

The facility consists of two single occupancy bedrooms, two double occupancy bedrooms, a living room, a dining room, a kitchen, and a full bathroom with a tub. There

is a second full bathroom with a shower adjoining one of the double occupancy bedrooms. The laundry facilities are located in the basement.

The facility utilizes the municipal sewage disposal system and water supply system.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour fire resistance rating and a 1-3/4 inch solid core door equipped 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.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'x10'3"+2'10"x10'	151	2
2	8'x10'6"	84	1
3	11'6"x10'6"	121	1
4	8'3"x9'8"+13'3"x8'	186	2

The living and dining room areas measure a total of 305 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The applicant is also considering for placement the aged client population. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from local hospitals, community agencies, and churches. Prospective residents could also be referred by their families or relatives.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency, if applicable.

The licensee will provide and/or arrange for all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational

equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

On 11/12/2013, Five Star Residential, Inc. submitted an application to provide adult foster care services for up to six (6) individuals at 22190 Sussex, Oak Park, Michigan.

Five Star Residential, Inc. is a "Non Profit Corporation" established in Michigan on 7/25/2013. 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 Board of Directors of Five Star Residential, Inc. has submitted documentation appointing Judith Tanguaka as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Judith Tanguaka submitted verification of her license as a Registered Nurse in the state of Michigan. She submitted verification of completion of required training, per licensing rules. She stated in writing that she has two years of work experience with the elderly, one year of work experience with mentally ill adults, and one year of work experience with developmentally disabled adults.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledged an understanding of the training and qualification 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledged their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledged their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster small group home (capacity 1-6).

Mildred A. Schwarcz

09/09/2014

Mildred Schwarcz
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

09/22/2014

Denise Y. Nunn
Area Manager

Date