



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

July 20, 2015

Enisa Altinel and Namik Altinel  
6879 John R Road  
Troy, MI 48085

RE: Application #: AF630358098  
ENA Care  
6879 John R Road  
Troy, MI 48085

Dear Mr. and Mrs. Altinel:

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 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 Williams".

Stephanie A. Williams, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-2097

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630358098
<b>Applicant Name:</b>	Enisa Altinel and Namik Altinel
<b>Applicant Address:</b>	6879 John R Road Troy, MI 48085
<b>Applicant Telephone #:</b>	(248) 817-2929
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	ENA Care
<b>Facility Address:</b>	6879 John R Road Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 817-2929
<b>Application Date:</b>	02/13/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED ALZHEIMERS

## II. METHODOLOGY

02/13/2014	Enrollment
02/26/2014	PSOR on Address Completed
02/27/2014	Application Complete/On-site Needed
02/27/2014	File Transferred To Field Office Pontiac.
02/27/2014	Contact - Document Sent Act and Rules.
03/03/2014	Contact - Document Received Received licensing file from Central Office.
03/06/2014	Application Incomplete Letter Sent
07/03/2014	Contact - Telephone call made Voice message received from licensee.
07/03/2014	Contact - Telephone call received Voice message received from licensee.
07/07/2014	Contact - Telephone call made Spoke with licensee states she did not receive application incomplete letter. Will resend.
07/09/2014	Contact - Document Sent Application incomplete letter resent.
01/09/2015	Contact - Telephone call made Left voice message for Mrs. Altinel.
02/03/2015	Contact - Document Received Email received from Mrs. Altinel.
02/04/2015	Inspection Completed On-site
02/04/2015	Inspection Completed-BCAL Sub. Compliance
03/12/2015	Contact - Document Received Supportive documents received.
04/25/2015	Contact - Document Received Supportive documents received.

07/07/2015	Inspection Completed On-site
07/07/2015	Inspection Completed-BCAL Sub. Compliance Medical clearances needed for licensee.
07/07/2015	Application Incomplete Letter Sent
07/12/2015	Contact – Document Received Medical Clearances received and updated household rules.
07/20/2015	Inspection Completed – BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single story ranch style brick dwelling with an attached three-car garage. The facility is located on fully landscaped front and back yard with a wooden deck. The home is located in Troy, a suburb north of the City of Detroit. The home was purchased June of 2013 and is owned by Mr. Namik Altinel. The facility has a proposed occupancy of six adult foster care residents, but will include Mr. and Mrs. Altinel, and their minor children which are a total of 11 occupants in the home. The community is serviced by public water and sewage system. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. Mr. and Mrs. Altinel have identified a lock cabinet to house the residents' medications. The facility features gas forced furnace; which has been inspected on 04/23/2015 and meets Rule 400.1440(3) and there is central air conditioning throughout. The appropriate door has been installed with an automatic self-closing device and positive latching. An electrical inspection has also been completed and meets requirement of Rule 400.1441(2). Ena Care will accommodate residents that regularly require wheelchair usage. The family meets requirement of Rule 400.1439 as the home is equipped with a ramp at the primary egress front door, leading to the firm surface of the driveway.

The interior of the home includes a living room, four bedrooms, two full baths, a kitchen, dining room, and basement. The laundry room is located on the main floor off of the kitchen. The dimensions, square footage, and capacity limits are as follow:

Living room	22'3" x 18'8"	415.7 square feet
Dining room	25'5" x 14'4"	364.3 square feet

Total living space: 780 square feet

Bedroom #1	13'5" x 14'1"	189 square feet	capacity 1
Bedroom #2	13'6" x 10'6" plus 2'4" x 3'	149 square feet	capacity 2

Bedroom #3	10' x 9'11"	99.2 square feet	capacity 1
Bedroom #4	14'6" x 13'7"	197 square feet	capacity 2

The square footage of community space is adequate for the facility to accommodate up to six adult foster care residents and five occupants. Based solely on square footage of the bedrooms; bedroom #1, bedroom#2, and bedroom #4 each have the capacity of two residents. Bedroom #3 has the square footage for one resident only. Despite the potential bedroom capacity of 7 in the four bedrooms, this would exceed the allowable maximum of six residents in a family group home. The applicant has identified bedroom #1 and bedroom #3 as only accommodating one resident in each of these bedrooms. R 400.1432 requires a minimum of 65 square feet of usable floor space per bed; each of the four bedrooms provides for the square footage required by rule.

R 400.1427 requires that at least 35 square feet of living space per occupant (residents and household members) be contained in the home. The living space total for the living room, dining room, and family room is 780 square feet, meeting and exceeding the rule requirement for a facility licensed for six residents and five household members as proposed.

Mr. and Mrs. Altinel and their minor children will reside in the completed and furnished basement.

## **B. Program Description**

Mr. and Mrs. Altinel have applied for licensure to provide adult foster care to a maximum of six adults either male or female. Mr. and Mrs. Altinel will accept the following population aged, Alzheimer's, and physically handicapped. This is Mr. and Mrs. Altinel first adult foster care facility. Ms. Ziza Hajdarevic has been identified as the responsible person during the times Mr. and Mrs. Altinel are absent from the family foster care home.

Adult Foster Care Licensing Record Clearances have been completed for Mr. Altinel, Mrs. Altinel, and Ms. Hajdarevic, responsible person. Mr. and Mrs. Altinel have been fingerprinted as well to meet licensure requirements. Mr. and Mrs. Altinel submitted medical clearances with proof of tuberculosis testing as required. Also, a medical clearance/tuberculosis was completed for Ms. Hajdarevic.

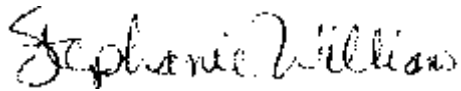
Technical assistance has been provided to Mr. and Mrs. Altinel on 07/07/2015 to assist them with complying with statutory and rule requirements for the maintenance of the facility, resident records and employee records. This technical assistance included a review of requirements pertaining to the handling and accounting of resident funds and for compliance with statutory requirements (Section 400.734b of Public Act 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

### C. Rule/Statutory Violations

At the time of the final inspection, the facility was found to be in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home, capacity 6.



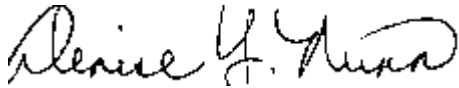
07/20/2015

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Stephanie A. Williams  
Licensing Consultant

Date

Approved By:



07/20/2015

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Denise Y. Nunn  
Area Manager

Date