



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 3, 2017

Kenneth Kostoff
A & K Residential Assisted Living LLC
9038 Trafalgar St
Taylor, MI 48180

RE: Application #: AS820385025
A & K Assisted Living LLC
9038 Trafalgar St
Taylor, MI 48180

Dear Mr. Kostoff:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

Kara Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Suite 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820385025
Licensee Name:	A & K Residential Assisted Living LLC
Licensee Address:	9038 Trafalgar St Taylor, MI 48180
Licensee Telephone #:	(313) 330-6833
Administrator/Licensee Designee:	Kenneth Kostoff, Designee
Name of Facility:	A & K Assisted Living LLC
Facility Address:	9038 Trafalgar St Taylor, MI 48180
Facility Telephone #:	(313) 789-5603
Application Date:	09/26/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

09/26/2016	On-Line Enrollment
10/03/2016	Contact - Document Sent Rules and act sent
10/03/2016	Application Incomplete Letter Sent
10/12/2016	Contact - Document Received Letter to shorten the name of the facility, IRS letter of Federal Tax ID number verification. BCAL-1326A and RI-030 forms for K. Kostoff.
10/13/2016	License Unit file referred for background check review Self-confusional online and on BCAL 1326 to C. Gandhi.
10/20/2016	File Transferred To Field Office Detroit/Wayne
10/25/2017	App assigned to K. Robinson
11/23/2016	Application Incomplete Letter Sent
01/31/2017	Inspection Completed On-site Physical plant violations exist
03/30/2017	Inspection Completed On-site Physical plant violations exist
03/31/2017	Inspection Completed-BCAL Full Compliance
04/17/2017	Application Incomplete Letter Sent Must verify experience and training
05/01/2017	Application Complete Licensee hand delivered final supporting docs to Detroit Office

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gram's Place is located in the Metro Detroit city of Taylor. It sits in a residential community comprised of local businesses and single family homes. The home structure is a ranch with 3 bedrooms, 2 full baths, kitchen, dining, family room, and living room. The home doesn't have a basement, but there is an attached garage.

The home is not wheelchair accessible.

The furnace and hot water heater are located on the same floor as resident bedrooms in an enclosure. There is a fire door at the entrance of the enclosure that has a 1 and $\frac{3}{4}$ inch thick wood door and automatic closure in the hinges. Per the licensee a permanent vent was installed inside the enclosure that creates permanent air flow to the outside. This facility is equipped with a smoke detection system that is hard-wired to the home's electrical system and uses a battery back-up.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.33 X 11.17	138	2
2	11.75 X 13	153	2
3	10.75 X 12.17	131	2

The living, dining, and family room areas measure a total of 579 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 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: (Detroit Area Agency on Aging, Consumer Link, and Synergy Partners).

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.

The licensee will provide 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

The applicant is A & K Residential Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 8/4/16. 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 A & K Residential Assisted Living, L.L.C. has submitted documentation appointing Kenneth Kostoff as Licensee Designee for this facility and Kenneth Kostoff as the Administrator of the facility.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift. All Staff shall be awake during sleep hours.

The applicant acknowledges 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), MorphoTrust™ (formerly L-1 Identity Solutions ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The applicant acknowledges 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 acknowledges 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 acknowledges 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 AFC adult small group home (capacity 1-6).



5/1/17

Kara Robinson
Licensing Consultant

Date

Approved By:



5/3/17

Ardra Hunter
Area Manager

Date