



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 19, 2018

Theodora Calvas
Kernway Assisted Living, Inc.
3118 Kernway Drive
Bloomfield Hills, MI 48304

RE: Application #: AS630385198
**Kernway Assisted Living of Bloomfield
3118 Kernway Drive
Bloomfield Hills, MI 48304**

Dear Mrs. Calvas:

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 blue ink that reads "John P. Pochas".

John Pochas, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3822

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630385198
Applicant Name:	Kernway Assisted Living, Inc.
Applicant Address:	3118 Kernway Drive Bloomfield Hills, MI 48304
Applicant Telephone #:	(248) 202-0057
Administrator/Licensee Designee:	Theodora Calvas
Name of Facility:	Kernway Assisted Living of Bloomfield
Facility Address:	3118 Kernway Drive Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 202-0057
Application Date:	10/03/2016
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

10/03/2016	Enrollment
10/07/2016	Application Incomplete Letter Sent FP, RI030 &1326A/Theodora, 1326A/John.
10/07/2016	Contact - Document Sent Act & Rules.
12/20/2016	Contact - Document Received Application incomplete letter, Act & Rules - Returned Unable To Forward.
12/20/2016	Contact - Document Sent Application incomplete letter, Act & Rules mailed to LD address on Indianwood.
06/01/2017	Comment 10 Day letter mailed
06/16/2017	Contact - Telephone call made Spoke with Theodora Calvas wants RI-030 FP form sent to mailing address, and wants to continue with process.
06/16/2017	Application Incomplete Letter Sent FP
08/29/2017	Lic. Unit file referred for background check review Given to Dawn John had ICHAT hit
08/29/2017	Contact - Document Received 1326, RI-030, FP for Theodora. 1326 for John
08/31/2017	File Transferred To Field Office Pontiac
09/05/2017	Contact - Document Received Licensing file received from Central office
09/21/2017	Application Incomplete Letter Sent
10/24/2017	Inspection Completed-BCAL Sub. Compliance Preliminary
12/11/2017	Contact - Document Received Report of corrective actions taken.

01/05/2018

Inspection Complete-BCAL Full Compliance*

At time of onsite inspection five (5) residents were observed in care.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

1) Environmental Conditions

Kernway Assisted Living of Bloomfield (Kernway) is located at 3118 Kernway Drive, Bloomfield Hills, Michigan 48304. The home is situated to the west of Adams Road and north of Long Lake Road, in Oakland County, Michigan. Mary Andrews, 25833 Glover Court, Farmington Hills MI 48335 is the legal deed owner of record for the property. Proof of ownership is contained in the facility file.

Kernway is a large brick and aluminum sided ranch without basement. The home is in a suburban area of similarly constructed homes. The home has a two car attached garage and is located overlooking a smaller lake in the back of the home. The interior of the home is newly renovated throughout, spacious comfortable and nicely decorated.

The main entrance opens into a smaller foyer area with an open kitchen to the right and a spacious great room and dining area to the left, a library is located adjacent to the Great Room. Two full baths are located off the bedrooms to the left of the main entrance and one full bath off the bedrooms on the right. A gas-fired furnace is located in the utility room which also contains the water heater. Floor separation to furnace is provided with a fire rated metal door with self-closing device.

Resident bedrooms were measured at the time of inspection and were found to be of the following dimensions and accommodation capability:

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ. FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom # 1	13' x 13'	169	1
Bedroom # 2	16' x 12'	192	1
Bedroom # 3	16' x 13'	208	1
Bedroom # 4	13' x 12'	156	1
Bedroom # 5	14' x 12'	168	1
Bedroom # 6	14' x 12'	168	1
		Total Occupancy:	6

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 6 adults as requested in the application.

The living space for the home was measured and is listed below:

The home has a Great room that measures 30' x 32' a dining area that measures 11' x 13', a library room which measures 12' x 14', a large Family room adjacent to kitchen area which measures 30' x 23' and a kitchen that measures 14' x 12' and a breakfast nook measuring 7'x10'. The proposed capacity for the home is six (6). Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for six (6) residents of the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Kernway Home has public water and sewage services. Garbage disposal is supplied through Green For Life Inc. The kitchen and bathroom areas were evaluated, and were found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R400.14401 (2). The home also met the minimum requirements regarding food service (R400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located in a separate room off kitchen area. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

2. Fire Safety

A fully integrated hard wired smoke detection system installed meets the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has smoke detectors in the furnace and bedroom areas. The home also has fire

extinguishers located on the main floor which meet the requirements of R400.14506. The home has more than two means of egress from the main floor and the exit doors all meet the requirements of rules R400.14507 and R400.14509. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware. The bedrooms of the home also have the proper means of egress as required by R400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R400.14503, and R400.14504.

A gas forced air system heats the facility. The furnace was recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. The licensee was advised that water temperature should be monitored on a regular basis. The water temperature was tested at the final inspection and found to be in compliance with the rule R 400.14401(2). I also found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through Bloomfield Hills. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensee has indicated that it is the licensee's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

B. Program Description

The licensee submitted a copy of the program statement to the Department for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program and services for male and female aged adults. According to the program statement, the goal of the program is "to provide a safe environment and assistance to achieve the highest function of physical, social, and spiritual level for our resident".

1) Required Information*

On 10/06/16, the Department received a license application and application fee from Mrs. Theodora Calvas, acting on behalf of Kernway Assisted Living Inc., to operate a small group AFC facility at the above referenced address in Bloomfield Hills, Michigan. The filing endorsement from the Department of Licensing and Regulatory Affairs (LARA) has a filing date of 10/25/2013. The applicant is seeking to operate a program for aged men and women. *At time of onsite inspection five (5) residents were observed in care. Ms. Calvas stated that she was under the impression that once she received her license number and made the necessary corrections, that she could begin admitting residents.

As part of the application process the licensee submitted admission, discharge policies for Kernway Assisted Living. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The administrative structure for Kernway Assisted Living Inc. is as follows:

Licensee Designee/Administrator: Theodora Calvas

A Records Clearance Request has been processed for Mrs. Theodora Calvas. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Mrs. Calvas is also contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file with the Department. The licensing file also contains a written statement from Kernway Assisted Living Inc. naming Theodora Calvas as the licensee designee.

As referenced above, Mrs. Calvas submitted, on behalf of Kernway, financial information as part of the new application process. The applicant submitted a current balance sheet for projected income and expenses as well as a projected budget. Based on the information presented, I have determined that the applicant corporation has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

2) Qualifications and Competencies

The licensee designee, Mrs. Theodora Calvas, has a Bachelor's Degree in Business Administration from Wayne State University and has completed training in First Aid and CPR. Mrs. Calvas has over seven (7) years' experience working in Assisted Living facilities, assisting Mr. Calvas with the operation and management of their other

licensed AFC home – Fairlane Assisted Living (AS630293005). Based on personal contact and materials submitted I conclude that Mrs. Calvas has demonstrated her competency as required by the rule R400.14201.

At the time of the final inspection, Mrs. Calvas indicated that there were no changes to report in information previously submitted in this application for a license. The licensee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Mrs. Theodora Calvas is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee Designee.

As required by the rule R400.14202, the home has a designated administrator. Mrs. Theodora Calvas will act as administrator for Kernway. Based on the information submitted and information reviewed in the home at the time of the final inspection, Mrs. Calvas meets the requirements of the rules and is qualified based on her background and training to act as administrator for Kernway.

The licensee understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review, and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. The licensee was informed that proprietary agreements may be used but are not to supplant the departments care agreement. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R400.14206.

Individuals, who are interested in placement into Kernway, should contact Mrs. Calvas at the facility. The licensee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of

admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

3) Facility and Employee Records

I have reviewed Kernway's personnel policies and I have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Kernway Home were reviewed and were submitted to the department. They are acceptable as written. I have also discussed with the licensee the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the licensee (R400.14734a). I have reviewed the process that the corporation follows and find it meets the intent of the administrative rules.

a) Facility Records in General (Rule R400.14209)

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with the licensee and the licensee indicates that it is the intent of the licensee to comply with this requirement. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant/home administrator understands the requirements set forth in rule R400.14313; and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Mrs. Calvas has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The licensee was also advised that a licensed physician must order any special diets implemented in the home.

b) Employee Records (rules R400.14204 and R400.14208)

The licensee/ administrator was made aware of the requirements for staff qualifications and training and intend to comply with the rules. The licensee understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. The licensee will also verify age and checks references before a person is offered employment. The licensee will provide an orientation and training of its own, training relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our

conversation at the time of inspection, the administrator/licensee designee understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

4) Resident Care, Services, and Records

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the Licensee. The Licensee has indicated that it is the corporation's intent to comply with these requirements. During the course of the pre-licensing investigation, I advised the licensee designee/ administrator of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The licensee attests that it is the intent of the corporation to achieve and maintain compliance with these requirements.

Also discussed, were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The licensee has again indicated that it is their intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator/ licensee designee at the time of the final inspection. The licensee is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities commensurate with ability and interest.

The licensee designee is aware of the requirements of rules R400.14318 and R400.14319, and assures me that the licensee will comply with the requirements of the rules regarding emergency and regular transportation.

As identified previously above, five(5) residents were observed at time of final inspection on 1/5/2018.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

IV. RECOMMENDATION

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

John P. Pochas

01/09/2018

John Pochas
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

01/19/2018

Denise Y. Nunn
Area Manager

Date