



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 20, 2018

Mary Robinson
Kaz Karing Homes LLC
23450 Oneida Street
Oak Park, MI 48237

RE: Application #: AS630387570
Kaz Karing Homes
23440 Oneida Street
Oak Park, MI 48237

Dear Ms. Robinson:

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 4 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, reading "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630387570
Applicant Name:	Kaz Karing Homes LLC
Applicant Address:	23450 Oneida Street Oak Park, MI 48237
Applicant Telephone #:	(313) 282-1736
Administrator/Licensee Designee:	Mary Robinson
Name of Facility:	Kaz Karing Homes
Facility Address:	23440 Oneida Street Oak Park, MI 48237
Facility Telephone #:	(248) 836-7575
Application Date:	03/15/2017
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/15/2017	Enrollment
03/24/2017	Application Incomplete Letter Sent FP, RI030, 1326AP.
03/24/2017	Contact - Document Sent Act & Rules.
04/13/2017	Lic. Unit file referred for background check review FP & CR-Yes/Mary.
04/18/2017	File Transferred To Field Office Pontiac.
04/21/2017	Contact - Document Received Licensing file received from Central office
04/26/2017	Application Incomplete Letter Sent
05/23/2017	Contact - Telephone call made Telephone call made to Mary Robinson. Left a message.
05/23/2017	Contact - Telephone call received Telephone call received from Mary Robinson. She plan to submit the requested documents no later than Thursday, 05/25/2017.
05/26/2017	Contact - Document Received Received documentation.
05/26/2017	Contact - Document Sent Sent an email to Mary Robinson requesting documentation.
05/31/2017	Contact - Document Received Received documentation.
05/31/2017	Contact - Document Sent Sent an email requesting documentation.
06/16/2017	Contact - Telephone call made Telephone call made to Mary Robinson. On-site inspection scheduled on 06/21/2017 at 2:00pm.
06/21/2017	Inspection Completed On-site
06/21/2017	Inspection Completed-BCAL Sub. Compliance

07/20/2017	Inspection Completed On-site
07/20/2017	Inspection Completed-BCAL Sub. Compliance
07/21/2017	Application Incomplete Letter Sent Confirming letter emailed.
07/21/2017	Contact - Document Sent Requested documentation.
07/27/2017	Contact - Telephone call made Telephone call made to fire safety inspector Paul Benedict. Requested that he conduct an on-site inspection. He has to receive permission from his supervisor.
08/10/2017	Contact - Document Sent Requested documentation. Also, followed up on the documentation from the licensee designee.
08/10/2017	Contact - Document Sent Via an email, requested documentation.
08/11/2017	Contact - Document Received Received an email from fire safety inspector Paul Benedict. Inspection scheduled on 08/17/2017 at 9am
08/11/2017	Contact - Document Sent Sent a text message to applicant informing him about the fire safety inspection. Requested documentation.
08/15/2017	Contact - Document Sent Sent an email to applicant to confirm the appointment with fire safety on 08/17/2017 at 9am. Requested documentation.
08/17/2017	Contact - Telephone call received The applicant called to cancel inspection today. Inspection rescheduled on 08/23/2017.
08/20/2017	Contact - Document Received Received documentation.
08/22/2017	Contact - Document Sent Via email, requested documentation

08/23/2017	Inspection Completed On-site Fire safety inspector Paul Benedict and I conducted an announced inspection of the facility
08/23/2017	Inspection Completed-BCAL Sub. Compliance
08/23/2017	Application Incomplete Letter Sent Confirming letter emailed as well as mailed
09/27/2017	Contact - Document Received Received verification of Mary Robinson's training hours
10/24/2017	Inspection Completed On-site
10/24/2017	Inspection Completed-BCAL Sub. Compliance Discussed noncompliance during the inspection
11/09/2017	Contact - Document Sent Emailed Mary Robinson regarding seeking assistance from fire safety to ensure the facility is compliant with licensing rules.
11/14/2017	Application Incomplete Letter Sent Confirming letter emailed as well as emailed
12/15/2017	Contact - Document Received Fire Safety Inspection Report received
12/19/2017	Contact - Telephone call received Spoke with Mary Robinson. Discussed inspection report results.
01/02/2018	Contact - Telephone call made Telephone call made to Mary Robinson
01/02/2018	Contact - Document Received Received documentation from Mary Robinson
01/02/2018	Contact - Telephone call made Telephone call made to Mary Robinson.
01/31/2018	Contact - Document Received Received documentation from Mary Robinson
02/07/2018	Inspection Completed-BCAL Sub. Compliance Last on-site inspection conducted on 10/24/2017

02/22/2018	Contact - Document Sent Forwarded documentation received from Mary Robinson for fire safety review
02/22/2018	Contact - Document Sent Emailed Mary Robinson
02/26/2018	Contact - Document Received Received an email from Fire safety inspector Paul Benedict
03/01/2018	Contact - Document Sent Emailed Fire safety inspector Paul Benedict
03/01/2018	Contact - Telephone call made Telephone call made to Joe Katfani of Safe Point. Left a message.
03/01/2018	Contact - Document Sent Emailed Mary Robinson
03/06/2018	Contact - Telephone call made Telephone call made to Joe Katfani of Safe Point
03/06/2018	Contact - Document Sent Emailed Mary Robinson
03/06/2018	Contact - Document Received Received an email from Mary Robinson
03/07/2018	Contact - Document Sent Emailed Mary Robinson
03/07/2018	Contact - Document Received Received an email from Mary Robinson
03/07/2018	Contact - Document Sent Emailed Mary Robinson
03/20/2018	Contact - Document Received Received documentation
04/02/2018	Contact - Document Received Received a copy of Mary Robinson updated medical clearance
04/05/2018	Contact - Telephone call made Telephone call made to technician Mazen Halabi

04/06/2018	Inspection Completed- BCAL Full Compliance
04/06/2018	Recommend License Issuance
04/06/2018	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch located in the city of Oak Park. The single level consists of a living room, two resident bedrooms, one full bathroom, a dining area, kitchen and a laundry room. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are also located on the single level of the single level of the facility. It is unknown if the room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾ inch solid core door in a fully stopped frame. The room is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire 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	11'11" x 12'1"	143.99	2
2	14' x 10'5"	145.88	2

Total capacity: 4

The living, dining, and sitting room areas measure a total of 299.11 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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 **four (4)** 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 Kaz Karing Homes LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 0/0/0. 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 members of Kaz Karing Homes LLC, L.L.C. have submitted documentation appointing Mary Robinson as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Robinson. Ms. Robinson submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Robinson has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Robinson has worked as a home health aide since 2008. She has received "hands on" experience working with individuals with mental illness, developmental disabilities, handicap, and traumatic brain injury by volunteering at Centre HRW since 2016.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff-to-4 residents per shift. Ms. Robinson acknowledged that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Robinson indicated that direct care staff will be awake during sleeping hours.

Ms. Robinson acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Robinson acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Robinson 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.

Ms. Robinson 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, Ms. Robinson 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.

Ms. Robinson acknowledged their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Robinson acknowledged their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Robinson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Robinson acknowledged their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Robinson acknowledged their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Ms. Robinson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Robinson acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care

service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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

Ms. Robinson 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. Ms. Robinson has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Robinson acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

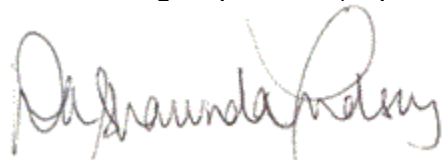
Ms. Robinson acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Kaz Karing Homes LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 4).

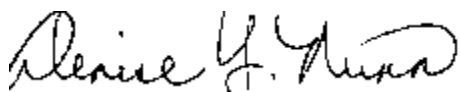


DaShawnda Lindsey
Licensing Consultant

04/06/2018

Date

Approved By:



04/20/2018

Denise Y. Nunn
Area Manager

Date