



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 2, 2018

Rebecca Tungol
Comfort Adult Foster Care LLC
24599 Gleneyrie Dr
Southfield, MI 48033

RE: Application #: AS630390269
Comfort Adult Foster Care LLC
24599 Gleneyrie Dr
Southfield, MI 48033

Dear Rebecca Tungol:

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 six (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,

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 #:	AS630390269
Licensee Name:	Comfort Adult Foster Care LLC
Licensee Address:	24599 Gleneyrie Dr Southfield, MI 48033
Licensee Telephone #:	(248) 755-6119
Administrator/Licensee Designee:	Rebecca Tungol
Name of Facility:	Comfort Adult Foster Care LLC
Facility Address:	24599 Gleneyrie Dr Southfield, MI 48033
Facility Telephone #:	(248) 755-6119
Application Date:	09/05/2017
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

09/05/2017	On-Line Enrollment
09/06/2017	Contact - Document Sent Rules and Acts books
10/17/2017	Contact - Document Received 1326, RI-030, FP for Rebecca and Antonio
10/17/2017	Lic. Unit file referred for background check review Given to Candace Antonio is admin. needs FP removed
10/30/2017	Contact - Telephone call received Rebecca called and wants to change the administrator from Antonio to herself.
10/30/2017	Contact - Document Sent Emailed copy of application so Rebecca could change administrator info.
10/30/2017	Contact - Document Received App with new admin information.
10/30/2017	File Transferred To Field Office Pontiac
10/31/2017	Contact - Document Received Licensing file received from Central office
11/15/2017	Application Incomplete Letter Sent
01/02/2018	Contact - Telephone call made Telephone call made to Rebecca Tungol. She is still interested in pursuing licensure; however, working on completing her training hours.
03/07/2018	Application Complete/On-site Needed On-site inspection scheduled on 03/16/2018 at 10:00am.
03/16/2018	Inspection Completed On-site
03/16/2018	Inspection Completed-BCAL Sub. Compliance
03/16/2018	Application Incomplete Letter Sent Confirming letter emailed to licensee designee Rebecca Tungol

05/30/2018	Contact - Telephone call made Telephone call made to applicant Rebecca Tungol. She is still working on completing the paperwork. Once ready for an on-site inspection she will contact me.
06/12/2018	Inspection Completed On-site
06/12/2018	Inspection Completed-BCAL Sub. Compliance
06/12/2018	Application Incomplete Letter Sent
06/15/2018	Contact - Document Received Received a copy of the furnace inspection
06/29/2018	Contact - Document Sent Sent a follow up email to Rebecca Tungol to request missing documents
07/10/2018	Contact - Document Received Received documents from Rebecca Tungol
07/12/2018	Contact - Document Received Received documents from Rebecca Tungol
08/01/2018	Contact - Document Sent Requested the current financial statement for the LLC
08/01/2018	Contact - Document Received The LLC was formed in April 2017; however, it has not operated yet. There is not a financial statement for the LLC.
08/01/2018	Inspection Completed-BCAL Full Compliance The last onsite inspection took place on 06/12/2018.
08/02/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch located in the city of Southfield. The single level consists of three resident bedrooms, dining room, living room, full bathroom, kitchen, den, and 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 in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, 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	14'8" x 9'1"	133.20	2
2	11'2" x 14'7"	162.86	2
3	10'8" x 10 -6'11" x 1'8"	95.14	1

Total: 5

The living, dining, and sitting room areas measure a total of 547.16 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 **five (5)** 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 **five (5)** female ambulatory aged adults, 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, 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 Comfort Adult Foster Care LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/18/2017. 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 Comfort Adult Foster Care LLC have submitted documentation appointing Rebecca Tungol as Licensee Designee and the Administrator of the facility.

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

Ms. Tungol have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Tungol became a Pharmacist in 1967. In addition, she has provided care to the elderly population since the 1990s.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. Ms. Tungol 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. Tungol indicated that direct care staff will be awake during sleeping hours.

Ms. Tungol 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. Tungol 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. Tungol 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. Tungol 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. Tungol 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. Tungol acknowledged her 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. Tungol acknowledged her 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. Tungol 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. Tungol acknowledged her 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. Tungol acknowledged her 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. Tungol acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Tungol 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. Tungol 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. Tungol indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Tungol 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. Tungol 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. Tungol 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.

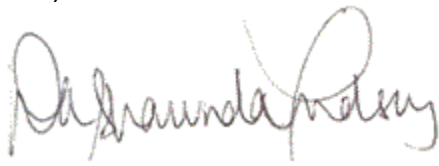
Ms. Tungol acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Comfort Adult Foster Care LLC 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 small group home (capacity 1-6).

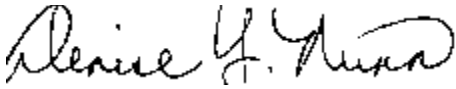


DaShawnda Lindsey
Licensing Consultant

08/02/2018

Date

Approved By:



Denise Y. Nunn
Area Manager

08/02/2018

Date