



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 11, 2019

Naile Boshnjaku  
5408 Mills Ridge Dr SW  
Wyoming, MI 49418

RE: Application #: AF410397175  
Wyoming AFC  
5408 Mills Ridge Dr SW  
Wyoming, MI 49418

Dear Ms. Boshnjaku:

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 5 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410397175
<b>Licensee Name:</b>	Naile Boshnjaku
<b>Licensee Address:</b>	5408 Mills Ridge Dr SW Wyoming, MI 49418
<b>Licensee Telephone #:</b>	(773) 920-0397
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Wyoming AFC
<b>Facility Address:</b>	5408 Mills Ridge Dr SW Wyoming, MI 49418
<b>Facility Telephone #:</b>	(773) 920-0397
<b>Application Date:</b>	11/09/2018
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

11/09/2018	On-Line Enrollment
11/13/2018	Contact - Document Sent Rule & ACT Books
12/18/2018	Contact - Document Received AFC 100 forms for Vaid Boshnjaku & Heidi Gragevi
12/18/2018	Application Incomplete Letter Sent Naile Boshnjaku's 1326 sent back for completion.
01/07/2019	PSOR on Address Completed
01/07/2019	Contact - Document Received Completed 1326 for Naile
01/07/2019	File Transferred To Field Office Grand Rapids
01/10/2019	Application Incomplete Letter Sent
02/07/2019	Application Complete/On-site Needed
02/08/2019	Inspection Completed-Env. Health : A
02/08/2019	Inspection Completed-Fire Safety : A
02/08/2019	Inspection Completed On-site
02/08/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This ranch house with lower-level daylight windows is located in a Wyoming housing development. All resident bedrooms are located on the lower level. The licensee's living quarters are located on the main floor. The lower level has a full bath and the upper level has a full bath plus a half bath. There is a main floor dining and living area. The lower level has its own living area. The home is wheelchair accessible as the lower level has two direct exits to the outside and a third exit leading to a stairway equipped with a stairway lift to the garage. The home utilizes public water and sewage disposal. The kitchen is located on the main floor.

The hot water heater, washer and dryer are located in a room of the lower level that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing

device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 02/08/2019 and worked properly. There at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'7" x 12'8"	163.41	2
2	13'3" x 13'	172.25	2
3	8'1 x 8'3"	66.66	1

**Total Capacity: 5**

The living area and dining area provide a total of 561.68 square feet of living space. This complies with the minimum of 35 square feet per occupant rule 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.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 adults aged 18 years and older, that are part of the aged, physically handicapped, mentally ill, or developmentally disabled population, 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Wyoming AFC will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

### **C. Applicant and Administrator Qualifications**

The applicant is Naile Boshnjaku. 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.

Medical and Record Clearance requests for Naile Boshnjaku were completed with no restrictions noted on either. TB-test results were negative.

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](http://www.miltcpartnership.org)), Identogo, and the related documents required to be maintained in each employee’s 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 Naile Boshnjaku, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and 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.

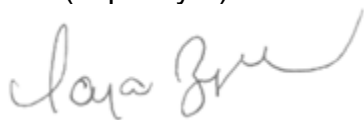
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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 family home (capacity 5).



03/11/2019

---

Toya Zylstra  
Licensing Consultant

Date

Approved By:



03/11/2019

---

Jerry Hendrick  
Area Manager

Date

