



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 28, 2020

Ali Hamad
Infinity AFC LLC
2503 Capital Ave SW
Battle Creek, MI 49015

RE: Application #: AL130401128
Infinity AFC
54 Fremont St
Battle Creek, MI 49017

Dear Mr. Hamad:

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 20 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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL130401128
Licensee Name:	Infinity AFC LLC
Licensee Address:	2503 Capital Ave SW Battle Creek, MI 49015
Licensee Telephone #:	(269) 883-9900
Licensee Designee:	Ali Hamad
Administrator:	Ali Hamad
Name of Facility:	Infinity AFC
Facility Address:	54 Fremont St Battle Creek, MI 49017
Facility Telephone #:	(269) 964-1495
Application Date:	08/14/2019
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/14/2019	On-Line Enrollment
08/20/2019	Inspection Report Requested - Fire
08/20/2019	Contact - Document Sent Fire Safety String
09/17/2019	Contact - Document Received- RI 030 & Fingerprints for Ali Hamad
09/18/2019	Application Incomplete Letter Sent- 1326 for Ali sent back for signature
10/01/2019	Contact - Document Received- Signed 1326 for Ali Hamad
10/01/2019	File Transferred To Field Office- Lansing
10/08/2019	Application Incomplete Letter Sent
10/24/2019	Contact - Document Received- Requested documents received.
10/24/2019	Second application Incomplete Letter sent. Outstanding requested documents.
11/19/2019	Contact - Documents Received
11/19/2019	Comment- Scheduled original on-site inspection with applicant.
12/16/2019	Inspection Completed On-site
12/16/2019	Inspection Completed-BCAL Sub. Compliance
12/17/2019	Contact- Confirming Letter sent.
12/22/2019	Contact- Document received.
01/07/2020	Contact- Document received.
01/21/2020	Inspection completed on-site.
01/21/2020	Inspection Completed- Env. Health: A
01/21/2020	Inspection Completed-BCAL Full Compliance
01/27/2020	Contact- with applicant via email exchange

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Infinity AFC is a two story, nine-bedroom home located in the city of Battle Creek. The property is owned by K & Sons, L.L.C. On file is written verification of the applicant's right to occupy, as well as a written statement from the property owner granting the department permission to inspect the property for licensing purposes. On file is written zoning approval from the City of Battle Creek.

Located on the facility's front porch are three means of egress. There are two additional means of egress on the first floor of the facility, one on the right side of the facility and the other to the back of the facility. The first front means of egress opens into a large entry way, which then leads into the resident living room area. Off the resident's living room area, towards the back of the facility, is the resident dining room area and kitchen. To the left of the front entry way is a hallway leading to three resident bedrooms, one resident bathroom, the employee office, and a staircase that leads to the facility's second floor. The facility's second front means of egress opens into an additional staircase, which also leads to the second floor. The facility's third front means of egress opens directly into the employee's office. Located on the facility's second floor are six resident bedrooms, two resident bathrooms and two small resident sitting areas. The facility is wheelchair accessible and has two approved means of egress on the first floor, that are equipped with ramps.

The facility utilizes the public water and sewage systems. On file is written documentation from the Bureau of Fire Services indicating the facility is compliant with all large group home fire safety rules and regulations. Also located on file, is written documentation from a professional company indicating the facility's two gas-fired furnaces and hot water heaters are in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'11 1/4" X 15'3 1/4"	243	3
2	11'5" X 14'11"	171	2
3	11'7" X 11'7 3/4"	135	2
4	12'1" X 12'10 1/2"	165	2
5	12'9" X 15'3"	195	2
6	11'0" X 14'4 1/2"	158	2
7	14'4 1/2" X 11'1 1/4'	158	2
8	15'3 1/4" X 12'9 1/2"	195.3	3
9	12'1" X 12'10 1/2"	165	2

The resident living, dining, and sitting room areas measure a total of 726 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility was previously licensed on or before December 31, 1976. The license remained in continuous effect when it was licensed again in 1997, allowing for a maximum of 4 beds in multioccupancy bedrooms with no less than 65 square feet of usable floor space per bed. The applicant acknowledged an understanding of the administrative rules for bedroom space; “usable floor space” defined, regarding requirements for those bedrooms approved for three resident beds. The applicant will assure that the resident or his or her designate representative agrees in writing to resident in a multioccupancy room for bedrooms with three beds.

Based on the above information, it is concluded that this facility can accommodate 20 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 20 male or female adults who have a developmentally disability and/or mentally illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Calhoun County-DHHS, local Community Mental Health agencies, or private pay individuals, as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in resident assessment plans. 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 through the use of a recognized available community service or through the use of a vehicle owned by the applicant, administrator, or direct care staff on duty. 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 Infinity AFC L.L.C., a “Domestic Limited Liability Company” established in Michigan on 08/07/2019. 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 Infinity AFC L.L.C. submitted documentation appointing Ali Hamad as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Hamad. The applicant has submitted a medical clearance request with statements from a physician documenting Mr. Hamad's good health and current TB-tine negative results.

Mr. Hamad has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Hamad is a registered pharmacist and currently manages Luxcare Pharmacy in Battle Creek. Mr. Hamad has previous work experience in a psychiatric unit of a hospital, providing direct care to patients. Since 2017, Mr. Hamad worked as a care giver in an adult foster care setting, providing direct care to individuals with a developmental disability and/or diagnosis of a mental illness.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 1 direct care worker per 15 residents during waking hours and not less than 1 direct care worker to 20 residents during normal sleeping hours. The applicant acknowledges 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. The applicant has indicated that direct care staff may not be awake during sleeping hours.

The applicant 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.

The applicant 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.

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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant 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 designee, 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 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, the applicant acknowledged their responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant 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.

The applicant acknowledged their responsibility to obtain the required 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 or as necessary.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 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. 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 acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a capacity of 20 residents.



01/27/2020

Michele Streeter
Licensing Consultant

Date

Approved By:



01/27/2020

Dawn N. Timm
Area Manager

Date