



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

June 7, 2021

Ihsan Asmar  
R & C Homes, Inc.  
4004 Lovett Ct.  
Inkster, MI 48141

RE: Application #: AS500407631  
**Forever Care IV (4)**  
**4673 Ashburton**  
**Sterling Heights, MI 48310**

Dear Mr. Asmar:

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 cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500407631
<b>Applicant Name:</b>	R & C Homes, Inc.
<b>Applicant Address:</b>	4004 Lovett Ct. Inkster, MI 48141
<b>Applicant Telephone #:</b>	(248) 881-7543
<b>Administrator/Licensee Designee:</b>	Ihsan Asmar
<b>Name of Facility:</b>	Forever Care IV (4)
<b>Facility Address:</b>	4673 Ashburton Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(248) 914-8951
<b>Application Date:</b>	03/11/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/10/2021	SC-Application Received - Original
03/11/2021	Enrollment
03/11/2021	Contact - Document Received IRS letter; 1326 & AFC100 for Ihsan (LD & Admin)
03/11/2021	Lic. Unit file referred for background check review Ihsan A. (LD & Admin)
03/22/2021	Application Incomplete Letter Sent Sent via email
03/25/2021	Contact - Document Received Licensing file received from Central office
03/25/2021	SC-ORR Response Received-Approval
04/07/2021	Contact - Document Received Received documents via postal mail
04/12/2021	Contact - Telephone call made Spoke to Mr. Asmar and wife regarding remaining needed documents.
05/27/2021	Inspection Completed On-site
05/27/2021	Inspection Completed-BCAL Full Compliance

### A. Physical Description of Facility

The small adult foster care home is located in a residential area in Sterling Heights, MI. The home is a one-story structured with an attached garage. The first floor of the home consists of a living room, family room, dining room, kitchen, four bedrooms, two full bathrooms and one-half bathroom. There is a laundry room on the first floor.

The furnace and hot water heater are located on the first floor of the home and has a 1<sup>3</sup>/<sub>4</sub>-inch solid core door equipped with an automatic self-closing device and positive latching hardware in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	17.9 x 15.35	273.65	2
2	21.5 x 9.10	210.60	2
3	13.3 x 7.3	96.06	1
4	14.1 x 15.8	220.64	1

Total capacity: 6

The living room, family room, dining room and kitchen areas measure a total of 873.6 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female ambulatory/non-ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The home is wheelchair accessible.

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. Residents will be referred from MORC, Incorporated.

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 R and C Homes, Inc., which is a “For Profit Corporation” was established in Michigan, on 02/09/2012. 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 Board of Directors of R and C Homes Inc. have submitted documentation appointing Ihsan Asmar as the Licensee Designee and the Administrator of the facility.

Ihsan Asmar is the licensee designee for three adult foster homes located in Wayne County as follows: Forever Care Homes, Forever Care Homes II and Forever Care Homes III. Mr. Asmar has worked in adult foster homes for over eight years. Mr. Asmar has submitted his high school completion certificate as well as all of the required trainings for a license designee.

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

Mr. Asmar have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. All staff shall be awake during sleeping hours.

Mr. Asmar 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 2 –to-6 resident ratio.

Mr. Asmar 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Asmar 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 the licensee, can administer medication to residents. In addition, Mr. Asmar 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.

Mr. Asmar 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, Mr. Asmar acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

Mr. Asmar 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. Mr. Asmar 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.

Mr. Asmar acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Asmar 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.

Mr. Asmar 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.

**III. RECOMMENDATION:**

I recommend issuance of a temporary license to this adult foster care small group home capacity 1 – 6.

*L. Reed*

06/04/2021

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

06/07/2021

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Denise Y. Nunn  
Area Manager

Date