



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 20, 2021

Tanesha Smith
Loyal Care Assisted Living INC
20145 Roseland St
Southfield, MI 48076

RE: Application #: AS630404863
Loyal Care Assisted Living INC
20998 Westhaven
Southfield, MI 48075

Dear Mrs. Smith:

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 that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630404863
Licensee Name:	Loyal Care Assisted Living INC
Licensee Address:	20145 Roseland St Southfield, MI 48076
Licensee Telephone #:	(313) 208-1685
Administrator/Licensee Designee:	Tanesha Smith
Name of Facility:	Loyal Care Assisted Living INC
Facility Address:	20998 Westhaven Southfield, MI 48075
Facility Telephone #:	(313) 208-1685
Application Date:	06/23/2020
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/23/2020	On-Line Enrollment
07/08/2020	Contact - Document Sent 1326 & AFC100
07/08/2020	Comment Corporation verification also needed
07/14/2020	Contact - Document Received 1326 & RI030 for Tanesha & Tax ID
09/29/2020	Contact - Document Received Updated application
10/06/2020	Contact - Document Received Licensing file received from Central office
10/23/2020	Application Incomplete Letter Sent
12/16/2020	Contact-Document Received I received some documents from the applicant.
12/31/2020	Contact-Document Received I received some documents from the applicant.
01/18/2021	Contact-Document Received I received some documents from the applicant.
01/21/2021	Contact-Document Received I received some documents from the applicant.
02/04/2021	Contact-Document Sent I sent a letter to the applicants confirming which documents have been approved, missing, and corrections that are needed.
02/11/2021	SC-Application Received – Original
03/17/2021	Contact-Document Received I received the remaining documents and/or corrections from the applicant.
05/05/2021	Application Complete/On-site Needed
05/05/2021	Inspection Completed On-site

05/05/2021	Application Incomplete Letter Sent A confirming letter was sent
05/20/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family two-story home in Southfield, MI. There are three bedrooms and two full bathrooms. The main level consists of a living room, kitchen, bathroom, and two of the resident's bedrooms. The second floor consist of a bathroom, one bedroom, and office space. There is a dining room table located in the kitchen with four chairs. The home has two approved separate and independent means of egress located on the first floor with non-locking against egress hardware. This facility is not wheelchair accessible. There is parking available in the driveway. There is also a detached garage. The facility has city water and sewage.

The boiler and water heater are located on the main level next to the washer and dryer. The boiler and the water heater are enclosed in a room that is constructed of material which has a 3-hour fire resistance rating and; the door is equipped with an automatic self-closing device and positive latching hardware. The facility does not have a basement. The boiler was repaired on 01/06/21. The facility is equipped with interconnected hardwire smoke detection system. The smoke detectors and fire extinguishers were inspected on 05/14/21 and no issues were reported. There is a smoke alarm on the main level between the sleeping area and; on the second floor at the top of the stairs near the third bedroom. There is a fire extinguisher in the kitchen and on the second floor at the top of the stairs.

The refrigerator and freezer are equipped with thermometers. The medications will be locked in a kitchen cabinet. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, and a dresser. There is also a closet in bedroom #1 and bedroom #3. The bedrooms and bathrooms are equipped with non-locking against egress hardware. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The three resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.58 x 10.25	98.19	1
2	11.17 x 9.08	101.42	1
3	14.17 x 12.5	177.12	2

Total Capacity: 4

The living room area measures a total of 223.08 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate four residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Loyal Care Assisted Living Inc will provide 24-hour supervision, protection, and personal care to four female and/or male residents.

Loyal Care Assisted Living Inc provides complete supportive care for its residents, while maintaining a family-type environment for adults who are mentally ill, developmental delayed, aged, physically handicap, and traumatic brain injury. Loyal Care Assisted Living Inc has completed an application for certification of specialized programs for mentally ill and developmental disability. Personal adjustment service will be provided to the residents through counseling and individual therapy. Social education training will be provided including recreational participation such as group programs, community, and recreational facilities utilization. Adult activity or day programming will be available to train resident's basic self-care skills.

Loyal Care Assisted Living Inc will make available transportation to and from program resources in the community including consultation, medical and other related services.

C. Applicant and Administrator Qualifications

The licensee for the home is Loyal Care Assisted Living Inc. Mrs. Tanesha Smith will act as the licensee designee and the administrator. I received a copy of the warranty deed for the home. The home is owned by Charlton Smith. I received a letter from Charlton Smith granting permission for the home to be inspected and licensed as an adult foster care facility.

Loyal Care Assisted Living Inc submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Smith. Mrs. Smith submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results.

Mrs. Smith has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Smith is trained in nutrition, first aid, CPR, foster care, safety and fire prevention, financial and

administrative management, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable diseases. Mrs. Smith provided a resume. Mrs. Smith worked as a certified nursing assistant for four years. Mrs. Smith has experience with providing personal care and social services to senior citizens.

The staffing pattern for the original license of this four-bed facility is adequate and includes one staff member on duty for each shift.

Mrs. Smith 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.

Mrs. Smith acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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.

Mrs. Smith 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, Mrs. Smith indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Smith acknowledged her responsibility to obtain all required 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, Mrs. Smith acknowledged her 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.

Mrs. Smith 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.

Mrs. Smith acknowledged her 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. Mrs. Smith also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Smith 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.

Mrs. Smith acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mrs. Smith 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 licensee designee.

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

Mrs. Smith 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. Mrs. Smith 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.

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

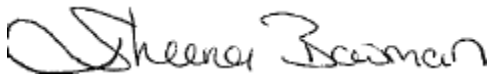
Mrs. Smith acknowledged she has a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Mrs. Smith.

D. Rule/Statutory Violations

Loyal Care Assisted Living Inc was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

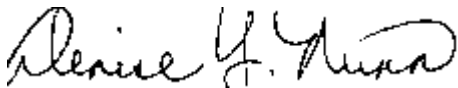
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).



Sheena Bowman
Licensing Consultant

05/20/21
Date

Approved By:



05/20/2021

Denise Y. Nunn
Area Manager

Date