



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 14, 2021

Roza Tesfaye
Koni's AFC Home Inc.
P.O. Box 1094
Bloomfield Hills, MI 48303

RE: License #: AS630304602
Koni's AFC Home Inc. III
379 Voorhies
Pontiac, MI 48341

Dear Mrs. Tesfaye:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 514-9391

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS630304602 |
| Licensee Name: | Koni's AFC Home Inc. |
| Licensee Address: | 371 Voorheis Pontiac, MI 48341 |
| Licensee Telephone #: | (248) 396-2973 |
| Licensee/Licensee Designee: | Roza Tesfaye |
| Administrator: | Roza Tesfaye |
| Name of Facility: | Koni's AFC Home Inc. III |
| Facility Address: | 379 Voorhies Pontiac, MI 48341 |
| Facility Telephone #: | (248) 499-9084 |
| Original Issuance Date: | 11/16/2010 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/11/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: LD/ADMIN

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Inspection was conducted outside of meal preparation hours.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
as401(2), as313(2), as408(4), as403(2), as306(3), as511(2), as403(6), as403(5),
as318(5), as403(1), as205(3), as208(1)(f), as301(4), as312(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



6/11/2021

Stephanie Gonzalez
Licensing Consultant

Date