



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 6, 2021

Aniema Ubom  
Care First Group Living & In-Home Services, Inc.  
24111 Southfield Road  
Southfield, MI 48075

RE: Application #: AS630406615  
**The Tutbury Residence**  
**6496 Tutbury Ln**  
**Troy, MI 48098**

Dear Mr. Ubom:

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 (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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630406615
<b>Applicant Name:</b>	Care First Group Living & In-Home Services, Inc.
<b>Applicant Address:</b>	24111 Southfield Road Southfield, MI 48075
<b>Applicant Telephone #:</b>	(248) 331-7444
<b>Licensee Designee:</b>	Aniema Ubom
<b>Administrator:</b>	Leslie Ubom
<b>Name of Facility:</b>	The Tutbury Residence
<b>Facility Address:</b>	6496 Tutbury Ln Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 331-7444
<b>Application Date:</b>	11/30/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/30/2020	Enrollment Online app download failure
12/01/2020	Contact - Document Received 1326
12/02/2020	Application Incomplete Letter Sent RI030 for Ubom
12/02/2020	Contact - Document Sent RI030
12/15/2020	Contact - Document Received App; 1326 for Aniema U. (LD)
02/03/2021	Contact - Document Received 1326 & RI-030 for Aniema U (LD)
02/18/2021	Application Incomplete Letter Sent Sent via email to LD/Admin
02/24/2021	Contact - Document Received Licensing file received from Central office
03/22/2021	Contact - Telephone call made Left voice mail for Mr. Ubom, requesting return call to discuss documents still needed
04/14/2021	Contact - Document Sent Email exchange regarding documents submitted
04/23/2021	Contact - Document Received Reviewed received documents
06/04/2021	Application Incomplete Letter Sent
07/22/2021	Application Complete/On-site Needed
07/28/2021	Inspection Completed On-site
07/28/2021	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch home located in the city of Troy, Michigan. The main floor has five resident bedrooms, two full bathrooms, one half-bathroom, one kitchen, one dining room and one laundry room, all located on the main level of the home. Upon entering the home, the dining room and living room are to the left. Directly past the dining room is the kitchen area. Off of the kitchen area are two resident bedrooms and a half bathroom, accessible for resident use. To the left of the entrance to the home is a hallway that leads to three additional resident bedrooms and one full bathroom, accessible for resident use. There is one furnace, one hot water heater and one boiler located on the main floor of the home. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. The home utilizes a public water supply and sewage disposal system.

The facility has one gas hot water heater, one gas furnace and one gas boiler, which are located on the main floor of the home, that are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 9" x 20'	200	1
2	18' x 18' 11"	324	1
3	10' 10" x 8'	80	1
4	15' 7" x 10'	150	1
5	12' x 9' 5"	108	1

**Total Capacity: 5**

The indoor living and dining areas measure a total of 260 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male and/or female residents who are physically handicapped or traumatically brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational/day programs, employment and transportation. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

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

The applicant is Care First Group Living & In-Home Services, Inc., L.L.C., a "Domestic Limited Liability Company", established in Michigan on 4/15/2016. 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 Care First Group Living & In-Home Services, Inc. L.L.C. have submitted documentation appointing Aniema Ubom as licensee designee for this facility and Leslie Ubom as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Ubom has worked with the neuro-cognitive/TBI adult foster care population for six years, providing delivery of direct care services, medication management and behavioral management interventions. Mr. Ubom is currently the chief executive officer of the Care First Group Living and Home Services, Inc. Mr. Ubom has submitted training documents to confirm his knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety,

nutrition, resident rights, communicable diseases, and financial and administrative management.

Mrs. Ubom has been working with the neuro-cognitive/TBI adult foster care population for five years, providing delivery of direct care services, supervision, medication management, behavioral interventions and staff oversight, providing both direct care to residents and administrative oversight. Mrs. Ubom has submitted training documents to confirm her knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety, nutrition, resident rights, communicable diseases and financial and administrative management.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Mr. Ubom acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Ubom has indicated that direct care staff will be awake during sleeping hours.

Mr. Ubom 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.

Mr. Ubom acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Ubom acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Ubom acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by Mr. Ubom will administer medication to residents. In addition, Mr. Ubom 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. Ubom acknowledged the 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, Mr. Ubom acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Ubom acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Ubom acknowledged the 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.

Mr. Ubom acknowledged the 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.

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

Mr. Ubom acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Mr. Ubom indicated the intent to respect and safeguard these resident rights.

Mr. Ubom acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

Mr. Ubom 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 family home with a capacity of five (5).



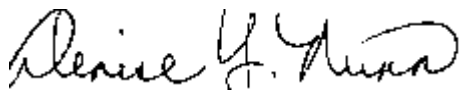
08/06/2021

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



08/06/2021

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Denise Y. Nunn  
Area Manager

Date