



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 21, 2021

Janan Kallabat
Chamberlain House, Inc.
121 Chamberlain
Pontiac, MI 48342

RE: Application #: AS630407057
Chamberlain House 1 1
32 Monterey
Pontiac, MI 48342

Dear Ms. Kallabat:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630407057
Applicant Name:	Chamberlain House, Inc.
Applicant Address:	121 Chamberlain Pontiac, MI 48342
Applicant Telephone #:	(248) 335-1370
Administrator/Licensee Designee:	Janan Kallabat
Name of Facility:	Chamberlain House 1 1
Facility Address:	32 Monterey Pontiac, MI 48342
Facility Telephone #:	(248) 231-6000
Application Date:	01/12/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/12/2021	Enrollment Online app download failure
01/20/2021	Application Incomplete Letter Sent 1326 & RI030 for LD
01/20/2021	Contact - Document Sent 1326 & RI030
01/21/2021	Contact - Document Received 1326 & RI030
02/05/2021	Application Incomplete Letter Sent Sent via email
03/17/2021	Contact - Telephone call made Spoke to Ms. Kallabat. Provided clarification on documents still needed and documents that require editing.
03/17/2021	Contact - Document Sent Sent email to Ms. Kallabat including Group Content Worksheet for guidance.
03/26/2021	Contact - Document Received
04/12/2021	Contact - Document Received Documents received via email from Ms. Kallabat
04/26/2021	Contact - Document Sent Email exchange with Ms. Kallabat regarding final documents needed.
06/02/2021	Application Complete/On-site Needed
06/08/2021	Inspection Completed On-site
06/08/2021	Inspection Completed-BCAL Sub. Compliance
06/16/2021	Corrective Action Plan Received
06/16/2021	Corrective Action Plan Approved
07/13/2021	Inspection Completed On-site
07/13/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Chamberlain House I I is a colonial located in the City of Pontiac, Michigan in Oakland County. The facility is located within two miles of convenient neighborhood shopping in the area. The home is not wheelchair accessible. The home has four bedrooms; two bedrooms on the main floor and two bedrooms upstairs. In addition to the bedrooms, the home has a kitchen with a dining area and a living room. There are two bathrooms to accommodate the residents and staff. However, the bathroom located upstairs does not currently have a bathing facility. The licensee designee/administrator Janan Kallabat has requested a variance which was approved as the shower will be installed in the upstairs bathroom before 09/30/2021. Chamberlain House I is served by city water and city sewer system.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1¾-inch solid core door with positive latching hardware is located at the top of the stairs leading to the basement for adequate fire separation. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'01" x 8'11"	81	1
2	9'0" x 11'0"	99	1
3	10'0" x 16'0"	130	1
4	10'0" x 16'0"	130	1

Total capacity: 4

The indoor living room and dining room measure a total of **229** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Kallabat intends to provide 24-hour supervision, protection, and personal care to four (**4**) male and/or female residents who are adults 18 years and older with a diagnosis of mental illness and/or developmentally disabled. The program will include social interaction, personal adjustment, and public safety. Ms. Kallabat intends to accept referrals and has a contract with Oakland Community Housing Network (OCHN).

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. These resources provide an environment to enhance the quality of life of residents and increase their independence.

C. Applicant and Administrator Qualifications

Ms. Kallabat has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Ms. Kallabat has a Master of Social Work degree with a specialization in Clinical Cognitive Behavior Therapy. She also holds a bachelor's degree in Psychology with a minor in Criminal Justice. In addition to her education, Ms. Kallabat currently oversees the daily operations of a 26-bed adult foster care facility Chamberlain House servicing the mentally ill and developmentally disabled population.

The applicant is Chamberlain House, Inc., a "Non-Profit Corporation", established in Michigan on July 24, 1952. Ms. Kallabat submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Chamberlain House, Inc., have submitted documentation appointing Janan Kallabat as licensee designee and the administrator of the facility.

Criminal history background check of Ms. Kallabat was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Kallabat submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Kallabat has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has over 15 years of experience with the mentally ill and developmentally disabled population.

The staffing pattern for the original license of this **4-bed** facility is adequate and includes a minimum of **1** staff for **4** residents per shift. Ms. Kallabat 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. Ms. Kallabat has indicated that direct care staff will be awake during sleeping hours.

Ms. Kallabat 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.

Ms. Kallabat acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Kallabat acknowledge 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) and the related documents required to demonstrate compliance.

Ms. Kallabat 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 the licensee will administer medication to residents. In addition, Ms. Kallabat 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.

Ms. Kallabat 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, Ms. Kallabat 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.

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

Ms. Kallabat acknowledge the responsibility to obtain the required written assessment, 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.

Ms. Kallabat 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.

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

Ms. Kallabat 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. Ms. Kallabat indicated the intent to respect and safeguard these resident rights.

Ms. Kallabat 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.

Ms. Kallabat 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.

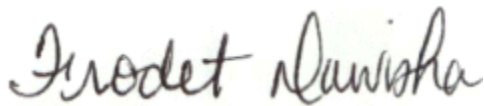
Ms. Kallabat acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 AFC adult small group home capacity of four (4).




07/20/2021

Frodet Dawisha
Licensing Consultant

Date

Approved By:



07/21/2021

Denise Y. Nunn
Area Manager

Date