



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 2, 2022

Cavel Young
Comfort Living Home L.L.C.#3
2111 North Drake
Kalamazoo, MI 49006

RE: Application #: AM140409800
Comfort Living Home L.L.C. #3
50253 M-51 N
Dowagiac, MI 49047

Dear Ms. Young:

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 10 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM140409800

Licensee Name: Comfort Living Home L.L.C.#3

Licensee Address: 2111 North Drake
Kalamazoo, MI 49006

Licensee Telephone #: (269) 760-1182

Administrator: Cavel Young

Licensee Designee: Cavel Young

Name of Facility: Comfort Living Home L.L.C. #3

Facility Address: 50253 M-51 N
Dowagiac, MI 49047

Facility Telephone #: (269) 760-1182

Application Date: 08/05/2021

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

08/05/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Cavel, AFC100 for Admin, Tax ID Letter
08/05/2021	On-Line Enrollment
08/06/2021	Inspection Report Requested - Fire
08/06/2021	Contact - Document Sent Fire Safety String, 1326, RI030, AFC100
08/09/2021	Inspection Report Requested - Health Invoice No : 1031816
08/25/2021	Contact - Document Received Tax ID
09/09/2021	Contact - Document Received AFC100 & RI030 for Cavel Young
09/15/2021	Inspection Completed-Env. Health : A
09/22/2021	Contact - Document Received 1326 for Cavel Young
10/05/2021	Application Incomplete Letter Sent.
12/10/2021	Inspection Completed On-site.
12/14/2021	Confirming Letter Sent.
12/20/2021	BFS Inspection Completed-Approved.
01/19/2022	Inspection Completed On-site
01/24/2022	Inspection Completed BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two-story wood frame home located in a rural area about 5 miles from the city of Dowagiac. Even though the home is in a rural area, it is located on a heavily trafficked road. The home is surrounded by a tall chain link fence; however, the gate is not locked. The applicant will not operate a locked facility and understands that in order to do so the applicant must receive prior departmental approval.

This facility is presently licensed to another entity which will close their license when the current applicant is approved for licensure.

All resident bedrooms and bathrooms are located on the ground floor. The second story is a private living quarters intended for staff use only. The home has five resident bedrooms that can each accommodate 2 residents. Three of these resident bedrooms have private bathrooms in addition, there are two communal bathrooms available. Four of the five bathrooms are barrier free and the home is wheelchair accessible. One wheelchair accessible ramp is located at the west facing front entry of the home while two other wheelchair accessible ramps provide egress from the kitchen and hallway on the east face of the home. The main floor contains a large living room as well as kitchen and separate dining room.

The home has private water and septic systems. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Cass County district health department on 09/15/2021.

The gas furnace and water heater are in the basement which is accessible through the kitchen. A 1 3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the kitchen, creating floor separation.

Because this facility is licensed for more than six residents a fire safety inspection was conducted by the Bureau of fire safety on 12/20/2021. BFS gave approval to this facility indicating substantial compliance with applicable fire safety administrative rules. BFS will inspect as a new facility on the next scheduled inspection.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Feet	Total Resident Beds
#1	14'8" x10'10"	161	2
#2	14'8" x10'8"	160	2
#3	20' x11'	220	2
#4	19'x11'	209	2
#5	13'9" x15'5"	213	2

The living, dining, and sitting room areas measure a total of 429 square feet living space which exceeds the minimum of 35 square feet of occupant requirement.

Based on the above information, this facility can accommodate ten (10) residents. It is the applicant'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 ten (10) male and/or female ambulatory and non-ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, aged, traumatically brain injured, Alzheimer's, or mentally ill, in the least restrictive environment possible. 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 primarily from Senior Care Partners Pace.

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 make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize resources and transportation provided by Senior Care Partners Pace. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

The applicant is Comfort Living Home L.L.C.#3, which is a "For Profit Corporation", established in Michigan, on 07/21/2021. 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 Comfort Living Home L.L.C.#3. have submitted documentation appointing Cavel Young as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Cavel Young. Cavel Young submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Cavel Young has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Cavel Young is currently the licensee designee and administrator for other licensed AFC facilities. Cavel Young has provided direct care services to the physically handicapped, traumatically brain injured, developmentally disabled, mentally ill, Alzheimer's and aged populations for several years.

The staffing pattern for the original license of this 10-bed facility is adequate and includes a minimum of one staff to 10 residents per shift. All staff will be awake during resident sleeping hours. The applicant 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.

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

The applicant 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 designee will administer medication to residents. In addition, the applicant 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.

The applicant 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, the applicant 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.

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

The applicant 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/authorization for each resident on an annual or as needed basis.

The applicant 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.

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

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 personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant 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 medium group home (capacity 10).



01/24/2022

Eli DeLeon
Licensing Consultant

Date

Approved By:



02/02/2022

Dawn N. Timm
Area Manager

Date