



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 10, 2022  
Boris Frenkel  
Frenkel Adult Foster Care Inc.  
2600 Lahser Rd.  
Bloomfield Hills, MI 48302

RE: License #: AS630299534  
**Frenkel AFC Home I**  
**184 Whittemore**  
**Pontiac, MI 48342**

Dear Mr. Frenkel:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630299534

**Licensee Name:** Frenkel Adult Foster Care Inc.

**Licensee Address:** 2600 Lahser Rd.  
Bloomfield Hills, MI 48302

**Licensee Telephone #:** (248) 396-4242

**Licensee/Licensee Designee:** Boris Frenkel

**Administrator:** Boris Frenkel

**Name of Facility:** Frenkel AFC Home I

**Facility Address:** 184 Whittemore  
Pontiac, MI 48342

**Facility Telephone #:** (248) 981-7646

**Original Issuance Date:** 10/20/2009

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2022

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                                    1  
No. of residents interviewed and/or observed                                4  
No. of others interviewed                                     Role:

- 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.  
It was not meal time during the onsite.
- 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:  
LSR CAP Approved 06/18/20; 203(1), 318(5), 204(3)(c), 734(b) 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.

This facility was found to be in non-compliance with the following rules:

**R 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.**

A 2020 or 2021 health care appraisal was not available for review for the licensee designee Boris Frenkel.

**R 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident A's 2020 and 2021 assessment plan was not signed by his guardian. Resident B is his own guardian however; he did not sign his 2021 assessment plan.

**R 400.14403**      **Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

The backyard contains several miscellaneous items that should be discarded.

**R 400.14403      Maintenance of premises.**

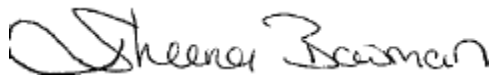
(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

The ventilation system in all three bathrooms are extremely dusty. Resident B's bedroom window has a sheet hanging from his window because he doesn't have any curtains or blinds. The living room windows also have sheets hanging from them because there are no curtains or blinds.

A corrective action plan was requested and approved on 06/10/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Bowman  
Licensing Consultant

06/10/22  
Date