



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2022

Zubair Ahmed
Prestige Health Management Inc
685 E Square Lake Road
Troy, MI 48085

RE: Application #: AS630411654
Safe Haven Acres
685 E Square Lake Road
Troy, MI 48085

Dear Mr. Ahmed:

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 6 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 "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630411654
Licensee Name:	Prestige Health Management Inc
Licensee Address:	685 E Square Lake Road Troy, MI 48085
Licensee Telephone #:	(248) 710-7056
Administrator/Licensee Designee:	Zubair Ahmed, Designee
Name of Facility:	Safe Haven Acres
Facility Address:	685 E Square Lake Road Troy, MI 48085
Facility Telephone #:	(248) 710-7056
Application Date:	02/03/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/03/2022	On-Line Enrollment
02/09/2022	Contact - Document Sent forms sent
03/29/2022	Application Incomplete Letter Sent A copy of the checklist was emailed to the applicant.
03/30/2022	Contact-Document Received I received the requested documents from the applicant.
04/12/2022	Contact-Document Received I received additional documents from the applicant.
04/13/2022	Contact-Document Received I received corrected documents from the applicant.
04/15/2022	Contact-Document Received I received corrected documents from the applicant.
05/04/2022	Contact-Document Received I received the final corrected documents from the applicant.
06/15/2022	Application Complete/On-site Needed
06/15/2022	Inspection Completed-BCAL Sub. Compliance
06/15/2022	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
06/21/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Troy, MI. There are four bedrooms and two full bathrooms. The first bathroom is for staff members only and will not be used by the residents. The family room is an open space that contains a fireplace. The fireplace in the family room is secured to prevent the residents from using it. There is no

basement in the home. The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is wheelchair accessible. The main exit in the home is on street level. The second exit has a built-in ramp and an additional built-in ramp that leads to the front of the home. There is parking available in the driveway. The facility has city water and sewage.

The heating plant room is located in the laundry room area across the hallway from the family room. The heating plant room consist of a furnace and water heater. The heating plant door is enclosed in a room that is constructed of material which has a 90-minute fire resistance rating and; the door is equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected on 11/13/21 and there were no concerns reported.

The kitchen is an open space that leads to a dining area with a table that seats six people. The dining area leads to the TV room. There is a fireplace in the TV room that is safeguarded and will not be used by the residents.

There is a smoke alarm located near bedroom #1. There is another smoke alarm located in the sleeping area between the other three bedrooms. There is also smoke alarms located inside bedroom #2, bedroom #3, and bedroom #4. There is a fire extinguisher located in the kitchen and in the heating plant room.

The refrigerator door is equipped with a built-in thermometer for the refrigerator and freezer. There is an additional thermometer in the refrigerator. There is a locked cabinet in the hallway leading to the kitchen for the resident’s medications. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, and closet/dresser. The resident’s bedroom doors do not have any locks. The resident’s bathroom is equipped with non-locking against egress hardware. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The four resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.5 x 12.08	175.16	2
2	9.92 x 13.5	133.92	1
3	12.75 x 14.33	182.70	2
4	11.25 x 10.5	118.12	1

Total Capacity: 6

The family room and the TV room measure a total of 667.26 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Safe Haven Acres will provide 24-hour supervision, protection, and personal care to six female and/or male residents.

Safe Haven Acres will provide a long-term, home-life environment for aged, physical handicapped, Alzheimer's, developmentally delayed, mentally ill, and traumatically brain injured adults. Safe Haven Acres objective is to enhance independent living skills and to maintain the cognitive efficiency of residents by providing a variety of social, vocational, recreational and maintenance activities. The goal of these services is to maintain these residents in the community, providing the continued cognitive stimulation necessary to avoid deterioration of skill levels by engaging in activities of daily living. Safe Haven Acres intends to accept residents from A Place for Mom and Always best care senior services.

Safe Haven Acres will make arrangements on the resident's behalf in the event a resident and/or his or her representative request transportation for appointments, or various activities. All cost will be directly transferrable.

C. Applicant and Administrator Qualifications

The licensee for the home is Prestige Health Management Inc. Mr. Zubair Ahmed will act as the licensee designee and the administrator. I received a copy of a lease signed on 04/13/22. The lease is between the owner, Harris Cheema and Zubair Ahmed. I received a letter from Mr. Cheema providing permission for Zubair Ahmed to occupy this facility. The letter also provided authorization for the home to be inspected and licensed as an adult foster care facility.

Safe Haven Acres submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Ahmed. Mr. Ahmed submitted a medical clearance request with statements from a physician documenting his good health and current TB negative test results.

Mr. Ahmed has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Ahmed is trained in malnutrition and dining experience, first aid, CPR and financial analysis. Mr. Ahmed was a Principal and Director of business development/operations for Pioneer Rehabilitation

Specialist for five years. Mr. Ahmed's experience meets the qualifications for foster care, safety and fire prevention, knowledge of the needs of the population to be served, resident rights, containment of communicable diseases. Mr. Ahmed has also trained and provided care for residents with Alzheimer's, traumatic brain injury, physically handicapped, developmentally delayed, and mentally ill. Mr. Ahmed has also been the licensee designee and administrator for Safe Haven Hill AS630408702 since 10/08/21.

The staffing pattern for the original license of this six-bed facility is adequate and includes one staff member on duty for each shift.

Mr. Ahmed 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. Ahmed acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or direct access to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

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

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

Mr. Ahmed acknowledged his 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. Mr. Ahmed also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mr. Ahmed acknowledged his 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. Ahmed acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Ahmed 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 the licensee designee.

Mr. Ahmed acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Ahmed indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Ahmed acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Mr. Ahmed indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

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

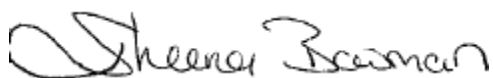
Mr. Ahmed previously received a copy of the licensing rule book for AFC small group homes, and a copy of the required forms that must be completed for each resident.

D. Rule/Statutory Violations

Safe Haven Acres was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

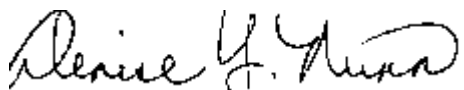
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Sheena Bowman
Licensing Consultant

06/21/22
Date

Approved By:



06/21/2022

Denise Y. Nunn
Area Manager

Date