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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2022

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

RE: Application #: **AS630411027**
The Winchester Residence
5522 Winchester Drive
Troy, MI 48085

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 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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W Grand Blvd, Suite 9-100
Detroit, MI 48202
(248) 514-9391

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630411027
Applicant Name:	Care First Group Living & In-Home Services, Inc.
Applicant Address:	24111 Southfield Road Southfield, MI 48075
Applicant Telephone #:	(248) 331-7444
Administrator:	Leslie Ubom
Licensee Designee:	Aniema Ubom
Name of Facility:	The Winchester Residence
Facility Address:	5522 Winchester Drive Troy, MI 48085
Facility Telephone #:	(248) 480-4162
Application Date:	11/23/2021
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/23/2021	Enrollment
12/01/2021	Contact - Document Received 1326, AFC 100
03/10/2022	Contact - Document Sent Email exchange with applicant regarding documents needed for enrollment
03/21/2022	Contact - Document Sent Email exchange with Bruce Wagner regarding required application documents
04/18/2022	Contact - Document Received Application documents received via email
04/25/2022	Contact - Document Received Additional application documents received via email
05/23/2022	Contact - Document Sent Emailed Mr. Wagner and Mr. Ubom, to inform of remaining needed documents and to schedule onsite inspection.
06/02/2022	Contact - Document Received Additional documents received via email
07/21/2022	Application Complete/On-site Needed
07/26/2022	Contact - Document Sent Email exchange with applicant; Scheduled onsite for 8/2
08/02/2022	Inspection Completed On-site
08/02/2022	Inspection Completed-BCAL Full Compliance
12/19/2022	Application Incomplete Letter Sent

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home with a basement. The home is located within the city of Troy, Michigan. The home consists of four resident bedrooms, two full bathrooms, one half-bathroom, a kitchen, dining room, living room and office. Upon entering the

home, the living room area is to the left. Next to the living room is a hallway that leads to kitchen, office area and door to the basement area. To the right of the office area is a hallway that leads to one resident bedroom and one half-bathroom. To the left of the dining room is hallway that leads to three resident bedrooms and two full-size bathrooms. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system. The home utilizes an electric furnace and a gas hot water heater system. The furnace and hot water heater are located in the basement of the home and are equipped with a 1-3/4-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, is fully operational and have been installed near sleeping areas, on each occupied floor of the home, in the basement 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	11' 6" x 9' 10"	113	1
2	14' 7" x 10'	145	1
3	16' 5" x 12' 8"	207	1
4	18' 9" x 12' 4"	231	1

Total capacity: 4

The indoor living and dining areas measure a total of 351 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 4 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 four 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 or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration, or 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) 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 4.



8/8/2022

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



08/10/2022

Denise Y. Nunn
Area Manager

Date