



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 27, 2023

Lara Saleh
Elite AFC II
2057 Moeller Ave
Ypsilanti, MI 48198

RE: Application #: AS130415136
Elite AFC II
2057 Moeller Ave
Ypsilanti, MI 48198

Dear Mrs. Saleh:

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 (517) 284-9730.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130415136
Licensee Name:	Elite AFC II
Licensee Address:	2057 Moeller Ave Ypsilanti, MI 48198
Licensee Telephone #:	(973) 955-7825
Administrator:	Lara Saleh
Licensee Designee:	Lara Saleh
Name of Facility:	Elite AFC II
Facility Address:	2057 Moeller Ave Ypsilanti, MI 48198
Facility Telephone #:	(973) 955-7825
Application Date:	12/12/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/12/2022	On-Line Enrollment
12/13/2022	Application Incomplete Letter Sent emailed app incomplete ltr, 1326, and RI-030
12/20/2022	Contact - Document Received RI-030, 1326, AND afc-100.
12/22/2022	Comment- Called licensee for clarification on type of facility desired. Sent a 1326 to complete accurately.
12/22/2022	PSOR on Address Completed
12/22/2022	File Transferred to Field Office
01/04/2023	Application Incomplete Letter Sent to licensee, Lara Saleh
01/16/2023	Contact - Document Received for application incomplete letter from licensee.
01/25/2023	Contact - Telephone call made with licensee.
02/01/2023	Contact - Document Received relating to the application incomplete letter sent to the licensee.
02/01/2023	Contact - Telephone call made with licensee scheduling a date and time for onsite inspection.
02/28/2023	SC-Application Received - Original
03/13/2023	Contact - Telephone call received from licensee scheduling original onsite inspection.
03/13/2023	Application Complete/On-site Needed onsite scheduled.
03/17/2023	PSOR on Address Completed
03/21/2023	Inspection Completed On-site
03/21/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Elite AFC II is a large one-story ranch home constructed on a crawl space foundation located at 2057 Moeller Avenue Ypsilanti, Michigan in Washtenaw County. There are multiple restaurants and convenience stores, Restore Church and Rawsonville Elementary School located within 1 mile of the home. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space.

The facility consists of five resident bedrooms, two full bathrooms, large living and dining room, spacious kitchen, a family room, along with a game and storage room. When entering the front door, resident bedroom #1 is immediately to the right, the living and dining room is connected and located to the left. The kitchen area is located past the living and dining room, Resident bedroom #2 is located to the right of the kitchen. Resident bedroom #3, full bathroom #1, mechanical room, washer/dryer area are located to the left of the kitchen. There is a breezeway vestibule off to the far left of the kitchen area leading to resident bedroom #4, resident bedroom #5, family entertainment room, full bathroom #2, a storage room and a game room located at the rear of the facility.

There are two separate approved means of egress with one located at the driveway entrance of the facility and the second located in the game room exiting to the backyard of the facility. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who required the regular use of a wheelchair to assist with mobility.

The facility utilizes the public water supply and public sewage disposal systems. The furnace and hot water heater use natural gas and are in the mechanical room off from the kitchen. The furnace and hot water heater were inspected by a licensed professional on 01/30/2023 and found to be in fully operational order. While observing the mechanical room the furnace and hot water heater are in the room which is constructed of materials having a 1-hour-fire resistance rating.

The facility is equipped with ADT hardwired blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. The facility is equipped with a fire extinguisher located in the kitchen area of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' 6" X 10' 4"	130	1
2	9' 11" X 13' 0"	129	1
3	9' 2" X 14' 9"	136	2
4	9' 9" X 11' 2"	109	1

5	9' 9" X 11' 2"	109	1
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The indoor living and dining areas measure a total of 1,632 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate six (6) residents. It is the licensee's responsibility not to exceed the home'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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Washtenaw County Community Mental Health Partnership of Southeast Michigan, Monroe County Community Mental Health Partnership of Southeast Michigan or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. There is no cost for this service, but it is subject to availability of vehicles and licensed drivers. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. The facility will offer a variety of supplies for at home entertainment, including craft supplies, coloring supplies, games, music and movies. Activity groups are coordinated and led by direct care staff as well as group gatherings that come about naturally among residents, will welcome music groups, church services, and pet therapy. Community outings are scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings.

C. Applicant and Administrator Qualifications

The applicant is Lara Saleh who is listed as the licensee designee and administrator. 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.

A licensing record clearance request was completed with no convictions recorded for Lara Saleh. Lara Saleh submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

Lara Saleh has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Saleh previously owned a licensed AFC which operated from October 2019 through January 2022 then opened another licensed in 2021 which she continues to successfully operate. Mrs. Saleh has provided direct care to residents with mental illness and developmental disabilities for a long period of time and completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will not be awake during sleeping hours.

The applicant acknowledges that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “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.

The applicant acknowledges 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, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their 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 acknowledges 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 temporary license to this AFC adult small group home capacity of six residents.

Kevin L Sellers

03/22/2023

Kevin Sellers
Licensing Consultant

Date

Approved By:

Dawn Timm

03/27/2023

Dawn N. Timm
Area Manager

Date