



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 19, 2023

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

RE: Application #: AS630416241
The Trevino Residence
1192 Trevino 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 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 Worthy".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630416241
Applicant Name:	Care First Group Living & In-Home Services, Inc.
Applicant Address:	24111 Southfield Road Southfield, MI 48075
Applicant Telephone #:	(248) 331-7444
Administrator/Licensee Designee:	Aniema Ubom, Designee
Name of Facility:	The Trevino Residence
Facility Address:	1192 Trevino Drive Troy, MI 48085
Facility Telephone #:	(248) 331-7444
Application Date:	04/12/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/12/2023	Enrollment
04/12/2023	Contact - Document Received 1326/AFC-100
04/21/2023	Application Incomplete Letter Sent 1326 for Aniema
07/20/2023	Contact - Document Received 1326
07/25/2023	PSOR on Address Completed
07/31/2023	Contact - Document Received Required documents were received from the applicant.
08/04/2023	Application Incomplete Letter Sent A checklist was sent to the applicant via email.
08/07/2023	Contact - Document Received Additional documents received from the applicant.
08/21/2023	Contact - Document Received Additional documents received from the applicant.
09/15/2023	Contact - Document Sent A letter was sent to the applicant informing him of the documents that have been approved, missing, and corrections needed.
09/26/2023	Contact – Document Sent An updated correction letter was sent to the applicant.
09/26/2023	Contact – Document Received I received additional information and corrected documents.
10/10/2023	Contact – Document Received Corrected documents were received.
10/19/2023	Contact – Document Sent Another request for corrections were made.
11/02/2023	Contact – Document Received The final corrected documents were received and approved.
12/01/2023	Application Incomplete Letter Sent A confirming letter was sent to the applicant via email.

12/15/2023	Application Complete/On-site Needed
12/18/2023	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 six bedrooms, one main full bathroom, a full bathroom in bedroom #2, and a full bathroom in bedroom #3. There is also a half bathroom for employees only.

The main level consists of an employee office, kitchen, living room, and all six resident's bedrooms. The kitchen area is an open space that also consist of a dining room table. The home has two approved separate and independent means of egress with non-locking against egress hardware. This facility is wheelchair accessible. There is a wraparound ramp located at the main entrance of the facility. There is also a wheelchair ramp located in the backyard which is connected to the second means of egress. There is parking available in the driveway. The facility has city water and sewage.

There are cameras located in the common areas such as the hallway and living room area. It is understood that there will be no cameras placed in any of the residents bedrooms or bathrooms.

The furnace and the water heater are located in the basement. The basement will not be used for resident activities. The basement door is a solid core door equipped with an automatic self-closing device along with positive latching hardware. There are fire extinguishers located near the kitchen, and in the basement. There is a smoke alarm in the sleeping hallway and in every bedroom.

The refrigerator and freezer are equipped with thermometers. There is a medication desk area located in the hallway near the residents' bedrooms. The medications are locked in cabinets. The bedrooms have adequate space, linen, and an easily openable window. The bedrooms have a chair, mirror, and closet. The bathrooms doors do not have any locks. The bedrooms doors do not have any locks. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The six resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.83 x19.25	285.47	1
2	10.66 x 12.75	135.91	1
3	11.92 x 12.66	150.90	1

4	9.92 x 8.5	84.32	1
5	10 x 9.5	95	1
6	9.25 x 10.83	100.17	1

Total Capacity: 6

The living room measure a total of 268.58 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, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. The Trevino Residence will provide 24-hour supervision, protection, and personal care to six female and/or male residents. The Trevino Residence will provide services tailored to the physically handicapped, and traumatically brain injured.

The Trevino Residence program is developed to provide clinical, healthcare support and rehabilitative services in a structured residential environment. The home will provide services such as; medication administration, three meals a day including snacks, recreational activities, occupational therapy, physical therapy, speech therapy, and psychosocial services. Transportation may be provided but is billed separately from the residents' daily/monthly rate.

The Trevino Residence outcome for each resident is to assist them to avoid institutional or more restrictive care by providing on-site clinical and rehabilitative support, competent resident supervision, specific and individualized daily programming where professional clinical consult is used to help accomplish this outcome and its related objectives.

C. Applicant and Administrator Qualifications

The licensee is Care First Group Living & In-Home Services, Inc. The home is owned by Care First Real Estate Holdings LLC. I received a deed dated 03/03/23 from Joseph C. Richert manager of ST Real Estate Holdings, LLC who warrants the home to Aniema Ubom.

Mr. Aniema Ubom will act as the licensee designee. Mrs. Leslie Ubom will act as the administrator. The Trevino Residence 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. and Mrs. Ubom. Mr. and Mrs. Ubom submitted a medical

clearance request with statements from a physician documenting their good health and current TB negative test results.

Mr. Ubom has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules such as; Nutrition, first aid, CPR, foster care, safety and fire, financial administrative management, knowledge of the needs of the population served, resident rights, and prevention and containment of communicable diseases. Mrs. Ubom also provided documentation to satisfy the qualifications and training requirements for all nine trainings identified in the administrative group home rules.

Mr. Ubom is currently the licensee designee for four other licensed AFC group homes which are: Boulan Residence AS630380735, The Tutbury Residence AS630406615, The Hawthorne Residence AS630415090, and The Winchester Residence AS630411027. Mrs. Ubom is also the administrator for the abovementioned AFC group homes.

The staffing pattern for the original license of this six-bed facility is adequate and satisfies the requirements identified in the administrative group home rules.

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

Mr. Ubom 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. 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 the licensee designee.

Mr. Ubom 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. Ubom indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Ubom 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. Ubom 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. Ubom 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.

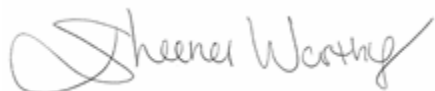
Mr. Ubom acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The Trevion Residence 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 Worthy
Licensing Consultant

12/18/23
Date

Approved By:



12/19/2023

Denise Y. Nunn
Area Manager

Date