



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 6, 2024

Denis Nji
Chufi AFC Inc
5864 Rowley Blvd
Waterford, MI 48329

RE: Application #: AS630415820
Rowley Home
5864 Rowley Blvd.
Waterford, MI 48329

Dear Mr. Nji:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012
Fax: 517-763-0204

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630415820
Licensee Name:	Chufi AFC Inc
Licensee Address:	5864 Rowley Blvd Waterford, MI 48329
Licensee Telephone #:	(248) 875-1483
Administrator/Licensee Designee:	Denis Nji
Name of Facility:	Rowley Home
Facility Address:	5864 Rowley Blvd. Waterford, MI 48329
Facility Telephone #:	(248) 875-1483
Application Date:	03/07/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/07/2023	On-Line Enrollment
03/14/2023	PSOR on Address Completed
03/14/2023	Contact - Document Sent Forms sent
04/03/2023	Contact - Document Received AFC-100, RI030
04/17/2023	Application Incomplete Letter Sent Sent via email
05/16/2023	Contact - Document Sent Email exchange with applicant
06/14/2023	Contact - Document Received Application documents received via email
07/11/2023	Contact - Document Received Facility documents received via email
08/07/2023	Contact - Telephone call made I spoke to applicant via email. Discussed documents still needed.
09/14/2023	Contact - Document Received Additional applicant documents received via email
10/17/2023	Contact - Document Received Additional applicant documents received via email
11/03/2023	Contact - Document Received
11/15/2023	Application Complete/On-site Needed
11/17/2023	Inspection Completed On-site
12/06/2023	Contact - Document Sent Email exchange with applicant
01/24/2024	Contact - Document Received Additional application document received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch located in Waterford. The main level consists of four bedrooms, a kitchen, living room, dining room, and a full bathroom. Upon entering the home, the living room is to the right. Directly passed the living room are the dining room and kitchen areas. Off of the kitchen is a hallway that leads to one resident bedroom and a door that leads to the basement. To the right of the living room is a second hallway that leads to three resident bedrooms and one full-size bathroom. The facility is not wheelchair accessible. The facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1³/₄-inch solid core door with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detection devices 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	9'10" x 9'7"	94.17	1
2	13'2" x 9"	118.53	1
3	11'1" x 13'8"	151.46	2
4	16'2" x 11'8"	188.70	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 331.39 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six 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 six male and/or female residents who are mentally ill or developmentally disabled. 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 Chufi AFC Inc, which is a "For Profit Corporation" was established in Michigan, on 09/01/2020. Chufi AFC Inc 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 Board of Directors of Chufi AFC Inc have submitted documentation appointing Denis Nji as Licensee Designee and Administrator of the facility.

Criminal history background check of Mr. Nji was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Nji submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Nji have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Nji served as a certified nurse assistant at Bloomfield Orchard Villa nursing home for approximately four years. In addition, he served as a nurse at Regency at Waterford assisted living facility for about five years as well as a nurse at Lourdes Senior Community retirement home for about two years. Mr. Nji was also a licensee designee and administrator for a prior adult foster care facility for one year.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Mr. Nji 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. Nji has indicated that direct care staff will be awake during sleeping hours.

Mr. Nji 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. Nji acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Nji 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. Nji 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 the licensee designee will administer medication to residents. In addition, the Mr. Nji 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. Nji 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. Nji 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. Nji 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. Nji acknowledge 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. Nji 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. Nji acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Nji 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 applicant.

Mr. Nji 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. Nji indicated the intent to respect and safeguard these resident rights.

Mr. Nji 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. Nji 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. Nji 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 temporary six-month license to this AFC adult small group home (capacity 1-6).

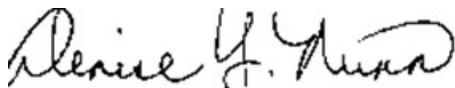


2/2/2024

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



02/06/2024

Denise Y. Nunn
Area Manager

Date