



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 28, 2024

Amitkumar Kalasariya  
Caring Professionals BH, LLC  
240 Applewood Lane  
Bloomfield Township, MI 48302

RE: Application #: AS630418050  
**Caring Professionals AFC Group Home**  
**240 Applewood Lane**  
**Bloomfield Township, MI 48302**

Dear Mr. Kalasariya:

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Deroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418050
<b>Licensee Name:</b>	Caring Professionals BH, LLC
<b>Licensee Address:</b>	240 Applewood Ln. Bloomfield Township, MI 48302
<b>Licensee Telephone #:</b>	(586) 224-9909
<b>Administrator/Licensee Designee:</b>	Amitkumar Kalasariya
<b>Name of Facility:</b>	Caring Professionals AFC Group Home
<b>Facility Address:</b>	240 Applewood Ln. Bloomfield Township, MI 48302
<b>Facility Telephone #:</b>	(586) 224-9909
<b>Application Date:</b>	11/16/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

11/16/2023	On-Line Enrollment
11/20/2023	PSOR on Address Completed
11/20/2023	Contact - Document Sent Forms sent
11/20/2023	Licensing Unit file referred for background check review Sent email to Candace on red screen
02/07/2024	Contact - Document Received 1326/RI-030
03/01/2024	Application Incomplete Letter Sent
03/05/2024	Contact - Document Received Received documentation
04/02/2024	Contact - Document Received Received documentation
04/12/2024	Inspection Completed On-site
04/12/2024	Inspection Completed-BCAL Sub. Compliance
05/07/2024	Application Incomplete Letter Sent Confirming letter emailed
05/22/2024	Inspection Completed On-site
05/22/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This single level ranch is in Bloomfield Township. The single level consists of six resident bedrooms, a living room with an adjoining dining area a full bathroom, a lavatory, and a laundry room. There is also a full bathroom attached to one of the residents' bedrooms. The facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. The facility utilizes public water and sewage.

The gas and hot water heater are located on the main floor or basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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 13'5"	167.75	1*
2	14'8" x 10'	146.7	1*
3	10'9" x 14'9"	158.56	1*
4	10'9" x 9'3"	99.44	1
5	16'2 x 10'8" -2'3" x 6'	159.03	1*
6	16'3 x 10'11" -2'3" x 6'	163.95	1*

**Total capacity: 6**

\*This bedroom is large enough to accommodate two residents.

The living, dining, and sitting room areas measure a total of 537.44 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 (6)** residents. It is the licensee's responsibility not to exceed the facility'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 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 Oakland County-DHS, Oakland County CMH, 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Caring Professionals BH, LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 11/09/2023. Caring Professionals BH, LLC 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 Caring Professionals BH, LLC have submitted documentation appointing Amitkumar Kalasariya as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Kalasariya. Mr. Kalasariya submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Kalasariya has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Kalasariya has served as the licensee designee and administrator of Caring Professionals AFC Home 2 (AS500412987) and Caring Professionals AFC Home (AS500408403) for over 1½ years. The populations served are physically handicapped, aged and Alzheimer's.

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. Mr. Kalasariya acknowledged 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. Mr. Kalasariya has indicated that direct care staff will be awake during sleeping hours.

Mr. Kalasariya acknowledged 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.

Mr. Kalasariya 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. Kalasariya acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mr. Kalasariya 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, can administer medication to residents. In addition, Mr. Kalasariya 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. Kalasariya acknowledged his 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. Kalasariya acknowledged his 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. Kalasariya 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. Kalasariya acknowledged his responsibility to obtain the required written assessment, 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. Kalasariya 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. Kalasariya acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Kalasariya 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. Kalasariya 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. Kalasariya indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Kalasariya 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. Kalasariya has 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. Kalasariya 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.

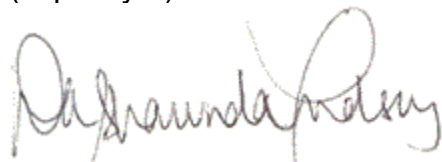
Mr. Kalasariya acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant Caring Professionals BH, LLC 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 6).



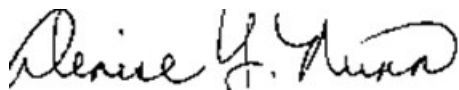
05/23/2024

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



05/28/2024

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Denise Y. Nunn  
Area Manager

Date