



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 23, 2025

Cynthia Nkeng
Tristar Residential Inc.
21311 Mada Ave
Southfield, MI 48075

RE: Application #: AS630418558
Mada Home
21311 Mada Avenue
Southfield, MI 48075

Dear Ms. Nkeng:

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418558
Applicant Name:	Tristar Residential Inc.
Applicant Address:	21311 Mada Ave Southfield, MI 48075
Applicant Telephone #:	(248) 836-8987
Administrator/Licensee Designee:	Cynthia Nkeng
Name of Facility:	Mada Home
Facility Address:	21311 Mada Avenue Southfield, MI 48075
Facility Telephone #:	248) 905-3082
Application Date:	05/29/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/29/2024	Enrollment
06/05/2024	PSOR on Address Completed
06/05/2024	Contact - Document Received RI030.
06/05/2024	Application Incomplete Letter Sent Updated application & 1326, Additional \$45.00 application fee
06/05/2024	Contact - Document Sent Forms sent
07/18/2024	Contact - Document Received Updated application and 1326/RI030
07/31/2024	Contact - Document Received Additional app fee Chk #39132017 amt: \$45.00
08/01/2024	Application Incomplete Letter Sent
09/20/2024	Contact - Document Received Received copy of licensee designee CPR/First aid, copy of lease, deed to the home, proposed budget and policies and procedures.
09/30/2024	Contact - Document Received Received a copy of the floor plan, LD trainings, LD physical and TB, and proof of high school diploma.
11/20/2024	Inspection Completed On-site
11/20/2024	Inspection Completed-BCAL Sub. Compliance
11/20/2024	Application Complete/On-site Needed
12/19/2024	PSOR on Address Completed No hits.
12/19/2024	Inspection Completed On-site
12/19/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch type home located in Southfield. The facility consists of three resident bedrooms, two full bathrooms, an adjoined living room and dining room, a laundry room, a kitchen, a recreational room, an office and two storage closets. This facility is not wheelchair accessible. The facility utilizes a public water and sewage system.

The gas furnace and hot water heater are located on the main floor 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 backup, which 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	13'.58" x 13'.58"	184.41	2
2	12'.91" x 11'	142.01	1
3	10' x 12'.83"	128.3	1

Total capacity: 4

The living, dining, and sitting room areas measure a total of 355.5 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 **four (4)** 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 four (4) male or female ambulatory adults whose are developmentally disabled, mentally ill, or aged in the least restrictive environment possible. The goal of TriStar Residential is to offer an alternative residential service for those who can no longer live in their homes. Residents will increase their level of functioning thereby creating the opportunity, if appropriate, to move to semi-independent or independent living. Residents will be assisted to increase their social skills and relate to others in a non-hostile, non-aggressive and appropriate manner.

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 Community Health Network 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. 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 Tristar Residential Inc, which is a Domestic Profit Corporation established in Michigan, on 10/10/2023. Tristar Residential 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 Tristar Residential Inc. have submitted documentation appointing Cynthia Nkeng as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nkeng. Ms. Nkeng submitted a medical clearance request with statements from a physician documenting good health and negative TB results.

Ms. Nkeng provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nkeng has worked as a Direct Care Staff since 2016. She has served as licensee designee of Five Star Residential Inc (AS630405274) since 10/28/2020. The population served is mentally ill, developmentally disabled and aged.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1- staff –to- 4-residents per shift. Ms. Nkeng 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. Ms. Nkeng has indicated that direct care staff will be awake during sleeping hours.

Ms. Nkeng 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.

Ms. Nkeng 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.

Ms. Nkeng 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Nkeng 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, Ms. Nkeng 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.

Ms. Nkeng acknowledged her 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, Ms. Nkeng acknowledged her 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.

Ms. Nkeng 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.

Ms. Nkeng acknowledged her 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.

Ms. Nkeng acknowledged her 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.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Nkeng 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.

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

Ms. Nkeng 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. Ms. Nkeng has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Nkeng acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Ms. Nkeng acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Nkeng was in compliance with the licensing act and applicable administrative rules at the time of licensure. This home was previously licensed as Mada Home (AS630414518) at the time of license issuance there were three residents living in the facility.

IV.RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).

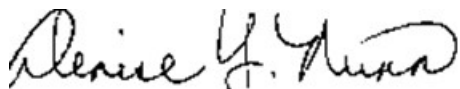


12/26/2024

Johnna Cade
Licensing Consultant

Date

Approved By:



01/23/2025

Denise Y. Nunn
Area Manager

Date