



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 16, 2005

Theophilus Ulinfun
Comfort Care Homes, Inc.
742 Southfield Rd.
Lincoln Park, MI 48146

RE: Application #: AS820276751
Comfort Care Homes, Inc.
742 Southfield Rd.
Lincoln Park, MI 48146

Dear Dr. Ulinfun:

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 5 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (734) 665-4740.

Sincerely,

Julie Loncar, Licensing Consultant
Office of Children and Adult Licensing
2121 W. Stadium
Ann Arbor, MI 48103
(734) 665-2633

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820276751
Applicant Name:	Comfort Care Homes, Inc.
Applicant Address:	742 Southfield Rd. Lincoln Park, MI 48146
Applicant Telephone #:	(313) 595-5900
Licensee Designee:	Theophilus Ulinfun, Designee
Name of Facility:	Comfort Care Homes, Inc.
Facility Address:	742 Southfield Rd. Lincoln Park, MI 48146
Facility Telephone #:	(313) 595-5900
Application Date:	05/16/2005
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/16/2005	Enrollment
06/27/2005	Contact - Telephone call received
06/28/2005	Contact - Telephone call made To Licensee
06/28/2005	Application Incomplete Letter Sent Policies
10/11/2005	Inspection Completed On-site
10/11/2005	Inspection Completed On-site

10/13/2005	Inspection Completed-Full Compliance
11/14/2005	Document received – Administrator training

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a 1677.4 square foot, two story brick building with two bedrooms upstairs, two bedrooms downstairs and a full bath on each floor. The facility has a large living and dining room area, kitchen and separate office for staff. The home has a full basement with a gas furnace and a fire door installed to provide floor separation from the heating unit. The basement will not be used for resident activities.

The 2nd floor has a double bedroom measuring 308 square feet for a capacity of 2 residents and a single bedroom for one resident with 123.2 square feet. The first floor has two single bedrooms with each measuring 118.8 square feet for one resident each. The facility will have a capacity of five residents.

The home has public water and sewage and has an inter-connected fire alarm system with detectors wired through the home's electrical system.

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 five (5) 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.

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, or the responsible person.

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

A licensing record clearance request was completed with no lien convictions recorded for Licensee Designee and the Administrator. The Licensee Designee and

Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift.

The applicant acknowledges an understanding of the training and qualification 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 each volunteer and employee of the facility. The applicant has expressed that the Michigan State Police lien system will be utilized as the process to identify criminal history when assessing good moral character.

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, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

C. Rule/Statutory Violations

There were no rule violations noted.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

_____ Julie Loncar Licensing Consultant	_____ Date
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Approved By:

_____ Linda Lee Area Manager	_____ Date
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