



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

April 10, 2008

Tema Pefok
Precious AFC Home, Inc.
24550 Seneca
Oak P ark, MI 48237

RE: Application #: AS630294275
Church
23506 Church
Oak Park, MI 48237

Dear Ms. Pefok:

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 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 (248) 975-5053.

Sincerely,

John Pochas, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 975-5085

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS630294275 |
| Applicant Name: | Precious AFC Home, Inc. |
| Applicant Address: | 24550 Seneca Oak P ark, MI 48237 |
| Applicant Telephone #: | (248) 506-5329 |
| Administrator/Licensee Designee: | Tema Pefok, Designee |
| Name of Facility: | Church |
| Facility Address: | 23506 Church Oak Park, MI 48237 |
| Facility Telephone #: | (248) 506-5329 |
| Application Date: | 12/07/2007 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 12/07/2007 | Enrollment |
| 12/13/2007 | Application Incomplete Letter Sent Incomplete application and 1326 for Ms. Pefok |
| 01/11/2008 | Application Complete/On-site Needed |
| 01/17/2008 | Application Incomplete Letter Sent |
| 03/07/2008 | Inspection Completed On-site |
| 03/31/2008 | Inspection Completed On-site |
| 03/31/2008 | Inspection Completed-BFS Full Compliance |
| 04/02/2008 | Recommend license issuance |

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

Church Home is located at 23506 Church, Oak Park Michigan 48237. The home is situated north of Nine Mile Road on the east side Greenfield Road, in Oakland County, Michigan. Tema Pefok and Besong Zama are the owners of record for the property. Proof of ownership is contained in the facility file.

Church is a brick sided ranch with a garage and an unfinished basement. The home is in a suburban area of similarly constructed homes. The home is landscaped and the interior of the home is comfortable and clean.

The main entrance opens into a living room on the left and a dining room to the right. The kitchen is to the left of the dining area. To the left of the living room are three bedrooms and a full bath. Off of the kitchen is a fourth bedroom. A laundry room with washer and dryer is located in the basement. The basement also includes a gas-fired furnace and water heater. Enclosure of the furnace is achieved by the installation of a

13/4" solid wood door with self – closing device in a separate room to the left of the basement stairs.

Resident bedrooms were measured at the time of initial inspection and were found to be of the following dimensions and accommodation capability:

| <u>BEDROOM</u> | <u>DIMENSIONS</u> | <i>SQ. FOOTAGE</i> | <i>OCCUPANCY</i> |
|---------------------------|--------------------------|--------------------|------------------|
| Bedroom # 1 | 13'6"X 10' | 136 | 2 |
| Bedroom # 2 | 11' X9'4" | 103 | 1 |
| Bedroom # 3 | 13'X 8'9" | 115 | 1 |
| Bedroom # 4 | 15'6"X 13' | 203 | 2 |
| Total Occupancy: 6 | | | |

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 6 adults as requested in the application.

The living space for the home was measured and is listed below:

The home has a large living room that measures 21' X 15', a dining area that measures 10'8" X 8', and a kitchen that measures 8' X 16'. The approved capacity for the home is 6. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of the home.

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

Precious AFC Home has public water and sewage services. Garbage disposal is supplied through the city of Oak Park. The kitchen and bathroom areas were evaluated, and were found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of

final inspection and found to be within the acceptable range as defined by rule R 400.14401(2). The home also met the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located in the basement. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

B. Fire Safety

Church has a fully integrated hard wired smoke detection system installed to meet the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has fire extinguishers located on the main floor, which meet the requirements of R 400.14506. The home has two means of egress from the main floor and the exit doors all meet the requirements of rules R 400.14507 and R 400.14509. The bedrooms of the home also have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R400.14504.

The home has two separate and independent means of egress to the outside as required by R400.14507. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware.

A gas forced air system heats the facility. The furnace was recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. The furnace and the gas hot water heater are located in the basement. The licensee was advised that water temperature should be monitored on a regular basis. The water temperature was tested at the final inspection and found to be in compliance with the rule R 400.14401(2). I also found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress (both generally and for bedrooms), heating equipment, flame producing equipment; enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Oak Park. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensees have indicated that it is their intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain records of these fire drills and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness.

B. Program Description

1) Program Statement

The licensee submitted a copy of the program statement to the Department for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program and services for mentally ill and/or developmentally disabled male and female adults. According to the program statement, program goals are designed to meet the unique needs of each resident. Self care and daily living skills will be promoted through on-going guidance in the areas of dressing, grooming, nutrition, supervision, protection and medication disbursement and management.

2) Required Information

On 12/27/07, the Department received a license application and application fee from Ms.Tema Pefok to operate a small group AFC facility at the above referenced address in Oak Park, Michigan. The applicant is seeking to operate a program for mentally ill and/or developmentally disabled men and women.

As part of the application process the licensee submitted admission and discharge policies for the Church AFC home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The administrative structure for Precious AFC Home Inc. is as follows:

Board of Directors

Tema Pefok

Cromwell Zama

Licensee Designee/CEO: Tema Pefok

Administrator: Tema Pefok

Caregiver:

A Records Clearance Request has been processed for Ms.Tema Pefok. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and is suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Pefok is also contained in the record.

The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility and the provision of adult foster care. A current negative TB test is also on file with the Department. As referenced above, Ms. Pefok submitted financial information as part of the new application process. The applicant submitted a projected budget. Based on the information presented, I have determined that the applicant has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

3) Qualifications and Competencies

The applicant, Ms. Tema Pefok, has identified herself as the administrator of Church home. According to the documents provided to the department, Ms. Pefok has one year experience working as the administrator of Harding AFC. In addition, Ms. Pefok has worked in a direct care capacity for almost one year. Ms. Pefok has completed all required training for residential service and meets licensing qualifications in training areas. Ms. Pefok also possess an advanced degree in management and information technology. Based on this previous experience, Ms. Pefok has demonstrated that she has the administrative and management expertise to run the Adult Foster Care facility. Based on the materials submitted I conclude that Ms. Pefok has demonstrated her competency as required by the rule R 400.14201.

At the time of the final inspection, Ms. Pefok, the licensee designee, indicated that there were no changes to report in information previously submitted in this application for a license. The licensee designee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is their intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Pefok is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee.

The licensee understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review and inclusion in the licensing record. I

have reviewed the documents and determined that they do not conflict in content or intent with current rules, and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R 400.14206.

Individuals who are interested in placement into Precious AFC should contact Ms. Pefok at 248.506.5329. The licensee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

4) Facility and Employee Records

I have reviewed Precious AFC Inc's personnel policies contained in the licensing file, and have determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Church AFC were reviewed and were submitted to the department. They are acceptable as written. I have also discussed with the licensee the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the licensee (Public Act 29 of 2006). I have reviewed the process that the home will follow, and find it meets the intent of the administrative rules.

a) Facility Records in General (Rule R400.14209)

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register as required under rule R400.14210 have been discussed with the licensee, and the licensee indicates that it is the intent of the licensee to comply with this requirement. Copies of required Department forms were also given to the home administrator during the course of the pre-licensing period. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed; the applicant/home administrator understands the requirements set forth in rule R400.14313, and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Pefok has been advised that all working menus are to be dated and prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The licensee was also advised that a licensed physician must order any special diets implemented in the home.

b) Employee Records (rules R400.14204 and R400.14208)

Based on the discussions with the applicant, the licensee is well aware of the requirements for staff qualifications and training and intends to comply with the rules. The licensee understands that all employees must submit to a pre-employment physical that includes a TB tine test. The results of the test must be obtained before employment begins. The licensee will also verify age, check references and conduct police clearances before a person is offered employment. The licensee will provide an orientation and training of its own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the administrator understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

5) Resident Care, Services, and Records

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the applicant. The applicant has indicated that it is the home's intent to comply with these requirements. During the course of the pre licensing investigation, I advised the administrator of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The licensee attests that it is the intent of the home to achieve and maintain compliance with these requirements. The licensee has been supplied with the required Department forms.

Also discussed were Departmental requirements pertaining to incident and accident reports as outlined under rule R400.14311, and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The licensee has again indicated that it is her intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the applicant at the time of the final inspection. The licensee was provided with copies of the Department forms Resident Funds and Valuables Parts I & II. The licensee is aware that these are required forms, and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

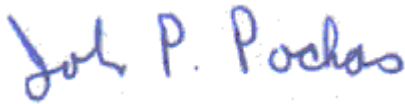
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation, and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The applicant is aware of the requirements of rules R400.14318 and R400.14319, and has assured that the licensee will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

III. RECOMMENDATION

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

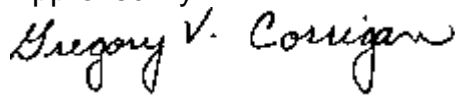


4/10/2008

John Pochas
Licensing Consultant

Date

Approved By:



04/10/2008

Gregory V. Corrigan
Area Manager

Date