

State of Michigan DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



December 22, 2011

Irene Spatny 43090 Pointe Drive Clinton Township, MI 48038

RE: Application #: AF500313046

Family Home and Senior Living

43090 Pointe Drive

Clinton Township, MI 48038

Dear Ms. Spatny:

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 3 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,

Maureen J. Fisher, Licensing Consultant Bureau of Children and Adult Licensing

Bureau of Children and Adult Licens

39531 Garfield

Clinton Township, MI 48038

Manney Fisher

(586) 228-2368

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500313046	
LICENSE #.	AF300313040	
Applicant Name:	Irene Spatny	
Applicant Address:	43090 Pointe Drive	
	Clinton Township, MI 48038	
	1,	
Applicant Telephone #:	(586) 489-1848	
Administrator/Licensee Designee:	N/A	
Name of Facility:	Family Home and Senior Living	
,	,	
Facility Address:	43090 Pointe Drive	
	Clinton Township, MI 48038	
	' '	
Facility Telephone #:	(586) 203-8164	
Application Date:	04/06/2011	
Capacity:	3	
Program Type:	AGED	
	ALZHEIMERS	
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II. METHODOLOGY

04/06/2011	Enrollment
04/08/2011	PSOR on Address Completed
04/08/2011	Contact - Document Sent Rules & Act booklets
04/12/2011	Application Incomplete Letter Sent
04/28/2011	Inspection Completed On-site
	Preliminary inspection completed.
06/03/2011	Contact - Document Received
	Letter from Clinton Twp bldg inspector.
11/30/2011	Inspection Completed On-site
11/30/2011	Inspection Completed-BCAL Sub. Compliance
12/19/2011	Application Complete/On-site Needed
12/19/2011	Inspection Completed On-site
12/19/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This proposed facility is a single-story, detached condominium home first occupied by the applicant in 1997, located in the condominium complex of Knollwood Pointe in Clinton Township, a suburb northeast of the City of Detroit. The sole occupant of the home is Mrs. Spatny. The condominium complex and surrounding community is serviced by public water and sewage systems and features medical, social, educational, religious, and shopping resources nearby. The exterior finish of the home is brick and features an attached, two-car garage, fully landscaped and unfenced yard, and a wood deck attached to the back of the home accessible from a door wall in the dining room. The applicant added a wheelchair ramp within the garage located at the front of the structure to provide for handicapped accessibility as required by Rule 400.1439.

The home features gas, forced-air heating and central air conditioning; the heat plant is located in the basement which is separated from the rest of the home by standard floor separation and a solid-core door with self-closing device in accordance with KR 400.1440(6). A qualified heating specialist and electrician have inspected and certified that the heat plan and home's electrical system are in good operating condition,

compliant with local codes and ordinances. The living room features a wood-burning fireplace which the applicant has sealed and will not be utilized; the applicant submitted a letter to the Department on 12/19/2011 attesting to this. The home features both interconnected smoke detectors powered by the home's electrical system and single-station, battery operated smoke detectors located throughout the home as specified by R 400.1427(1). At the time of my final inspection, I observed that emergency telephone numbers, evacuation plan, and emergency procedures were posted as required. The basement of the home includes some partitioning that was completed with materials observed to be in compliance with fire safety codes (Class "C" materials). The applicant plans to install an egress window in the basement within the next year.

The interior of the home includes three bedrooms, two full baths (one is included in the second bedroom and, per Rule 400.1431(4) can only be utilized by the residents of that bedroom), a kitchen, dining room, and living room, and a full basement. Laundry facilities are located in a utility room on the first floor of the home. The applicant is utilizing bedroom #2 as her personal bedroom, so the dimensions of that room are not included in this report. The dimensions, square footage, and capacity limits are as follow:

Living room 15'4" x 20' 306.6 square feet Dining room 10'6" x 10'6" 110.3 square feet Total living space: 416.9 square feet

Bedroom #1 11' x 12'8" 139.26 square feet

Bedroom #2 Applicant's bedroom

Bedroom #3 16'9" x 11' 184.3 square feet

At the time of final inspection, bedroom #1 was furnished for one resident, so the capacity of that room is established as one. Bedroom #3 has a capacity limit of two residents as determined by both size and furnishings. The square footage of community space exceeds minimum requirements for the licensee and up to six AFC residents; however, bedroom capacity limits and furnishings limit the licensed capacity of the facility to a maximum of 3 AFC residents.

B. Program Description

On 4/6/2011, the Department received and enrolled Mrs. Spatny's application for licensure of her personal residence to service adults of either sex who are aged and/or diagnosed with early stage Alzheimer's. Mrs. Spatny is fluent in the Polish language. With the installation of a wheelchair ramp at the front of the structure, this family home facility is considered wheelchair accessible. Mrs. Spatny offers social and recreational opportunities within the home, many in keeping with her Polish heritage and customs.

C. Applicant ad responsible person:

Mrs. Spatny, the sole occupant of the home, has attested to having sufficient financial resources to provide for the care of residents and acknowledged the requirement of an adult foster care family home that the licensee reside in the home. The responsible person is her adult son, Frantisek Rokl; Mr. Rokl has been actively involved in the licensure process and will be assisting his mother with the administration of the facility and providing care to residents. This is the first adult foster care family home Mrs. Spatny will be operating although she has experience in providing care to the aged.

Licensing clearances were completed for both the applicant and responsible person. Both individuals also submitted current medical clearance requests and tuberculosis testing results attesting to their good health and suitability.

I provided technical assistance to Mrs. Spatny and Mr. Rokl to facilitate compliance with statutory and rule requirements for the maintenance of the facility and resident records including the handling and accounting of resident funds. I also provided technical assistance as to compliance with statutory requirements pertaining to the hiring or contracting of persons who provide direct service to residents (Section 400.734b of PA 218).

C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license with a maximum capacity of 3 adult foster care residents.

Manney Ficher	
	12/19/2011
Maureen J. Fisher Licensing Consultant	Date
Approved By: Denice J. Murn	
mente of the	12/22/2011
Denise Y. Nunn	Date
Area Manager	