

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



October 2, 2012

Christian Grozav 185 South Blvd E Rochester Hills, MI 48307

RE: Application #: AF630315970

Rochester Hills Manor

185 South Blvd E

Rochester Hills, MI 48307

Dear Christian Grozav:

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 (248) 975-5053.

Sincerely,

Felicia Townsend, Licensing Consultant Bureau of Children and Adult Licensing

Felicia Townsend

Suite 1000 28 N. Saginaw Pontiac, MI 48342 (248) 860-4298

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630315970	
Liouino III	711 0000 1007 0	
Applicant Name:	Christian Grozav	
Applicant Address:	185 South Blvd E	
	Rochester Hills, MI 48307	
Applicant Telephone #:	(248) 939-8874	
Administrator/Licensee Designee:	Christian Grozav	
/tarimionator/Electrose Decignee.	Official Glozav	
Name of Facility:	Rochester Hills Manor	
Facility Address:	185 South Blvd E	
	Rochester Hills, MI 48307	
Facility Telephone #:	(248) 935-8874	
	(= 15) 555 551	
Application Date:	09/18/2011	
Capacity:	5	
Program Type:	AGED	
	ALZHEIMERS	
	PHYSICALLY HANDICAPPED	

II. METHODOLOGY

09/18/2011	Enrollment
11/03/2011	Application Incomplete Letter Sent self-certification statement sent to Ligia Grozav - to be completed and send back to Local office
01/10/2012	Application Incomplete Letter Sent
01/10/2012	Comment The incomplete application letter was not sent, as it failed to print twice.
02/08/2012	Application Incomplete Letter Sent
08/06/2012	Application Complete/On-site Needed
08/06/2012	Inspection Completed-BCAL Sub. Compliance
08/07/2012	Application Incomplete Letter Sent
09/05/2012	Inspection Completed On-site
09/05/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 09/14/2011, the department received a license application from Mr. Christian Grozav and Mrs. Ligia Grozav to operate an Adult Foster Care Family Home at the above referenced address in Rochester Hills, Michigan. The applicant is seeking to operate a program of care and services for up to five (5) male and female elderly adults. Mr. Christian Grozav and Mrs. Ligia Grozav have no other foster care licenses, nor do they have other pending applications to operate adult foster care facilities in the State of Michigan.

The following is a report of findings of the pre-licensing evaluation for Rochester Hills Manor. 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 Adult Foster Care Family Homes, with an approved capacity of one to six residents, licensed or proposed after March 27, 1980. This evaluation consisted of:

- 1. Fire safety evaluation and approval, by the assigned consultant on 08/06/12 and 09/05/2012.
- 2. On-site inspections by the assigned consultant on 08/06/2012 and 09/05/2012.
- 3. Review of all application materials submitted.
- 4. Review of environmental sanitation requirements by the assigned consultant.

Rochester Hills Manor is a vinyl sided ranch located in Rochester Hills, Michigan which is wheelchair accessible. The total home capacity measures approximately 1700 square feet.

The interior of the home is nicely decorated and well maintained. The home consists of a living room, dining room and kitchen area, six (6) bedrooms and four (4) bathrooms. The four (4) bedrooms which are to licensed, are located in the back right side of the home. The Licensee's bedroom and the sixth bedroom are located to the left back of the home. The home has a gas forced air furnace located on the main floor of the facility. A door with a 1 hour fire safety rating separates the furnace room from the rest of the house.

Rule 27 (1) A licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen and sleeping areas.

At the preliminary inspection, indoor living areas were measured and found to be of the following dimensions:

ROOM	DIMENSIONS	AREA OF SQUARE FT	
Living Room	26' x 12'	312	
Dining Room	16'5" x 9'9"	160	
Kitchen	10' x 12'	120	

Based upon the above information and the proposed accommodation of seven (7) occupants (licensees and five (5) residents), the home would meet the required available indoor living area per occupant. The house is therefore determined to be in compliance with the requirements of Rule 27 (1).

Rule 32 (1) As used in this rule "usable floor space" means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.

Rule 32 (2) A bedroom shall have not less than 65 square feet of usable floor space per bed.

Bedroom areas were measured at the time of preliminary inspection and were found to be of the following dimension and accommodation capacity:

ROOM/LOCATION	DIMENSION	SQ. FT.	CAPACITY
Bedroom # 1	15'5" x 10'	154	2
Bedroom # 2	12' x 11'5"	137	2
Bedroom # 3	10' x 11'	110	1
		Total Capacity	5

Based upon the above information, it is concluded that this facility has the square footage necessary to accommodate five residents, as requested in the application.

At the time of final inspection, the facility was found to be in substantial compliance with departmental requirements relating to physical plant.

At the final inspection it was noted that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Environmental Sanitation

Rochester Hills Manor utilizes public a water supply and sewage disposal system. At the time of final inspection, kitchen and bathroom areas were noted to be clean and well maintained. The bathrooms were also noted to be equipped with non-skid surfacing and handrails. Poisonous and caustic materials will be stored in areas that are neither used by the residents nor for food preparation or storage.

The kitchen waste receptacle was also noted to be equipped with a close fitting cover. All garbage and rubbish will be kept in leak-proof, non-absorbent containers and will be removed from the facility at least weekly and more often if necessary.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to sanitation.

Fire Safety

At the time of final inspection, the home was found to be equipped with all required smoke detection units and one five-pound multi-purpose fire extinguisher. All interior finish materials are at least a Class C standard.

An evacuation plan and written procedures to be followed in case of fire, medical and severe emergency will be posted as required. Mr. and Mrs. Grozav indicated it is their intent to conduct a minimum of four fire drills per year, with two of the required drills being conducted during sleeping hours. A record of fire drills conducted will be kept in the home. At the time of final inspection, the home was found to be in compliance with all departmental requirements relating to fire safety.

Program Description

1. Administrative structure and staff capabilities

Mr. Grozav is self-employed. He has owned Chris's Construction Company for the past 12 years. Mrs. Grozav is a housewife. They are currently caring for an elderly husband and wife who attend their church.

At the time of final inspection, it remains Mr. and Mrs. Grozav intent to assure primary responsibility for the provision of adult foster care and the maintenance of all facility records.

Medical Records Clearance documents submitted for Mr. and Mrs. Grozav indicate that they are in good physical and mental health and that they have no limitations for work with or around adult foster care residents. Negative tuberculin test results have also been submitted for Mr. and Mrs. Grozav. Mr. and Mrs. Grozav have identified Laura Ardelean as a responsible person, in the event they will be away from the home for longer than 48 hours. Medical and Record Clearance documents have been submitted which indicate that she is in good health and moral character to work with adult foster care residents.

Good Moral Character of Mr. and Mrs. Grozav have been established by the processing of BRS 1326, Record Clearance Request form.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to administrative structure and staff capabilities.

At final inspection, the facility was determined to be in compliance with departmental requirements relating to programming.

2. Admission/Discharge Policy

Mr. and Mrs. Grozav indicated their intent to use the terms identified in the Resident Care Agreement (BRS 3266). The parameters of admission/discharge were discussed with the licensee. Emergency discharge was also discussed

The facility will provide adult foster care for up to five (5) male or female adults. The fee policy statement included in the department's Resident Care Agreement form (BRS 3266) will be used at the home and indicates that the basic rate for care will be determined at the time of admission. Additional costs for any additional services required by the individual resident will be specified.

At final inspection, the home was determined to be in compliance with departmental requirement relating to admission and discharge.

Resident Rights

At the preliminary and final inspections, departmental requirements relating to resident rights, complaint and grievance procedures, incident and accident reports and medications were explained to Mr. and Mrs. Grozav and they have indicated their intent to assure compliance with these requirements. At the time of final inspection, the home was determined to be in compliance with departmental requirements relating to resident rights and care.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-5).

Felicia downsend	10/02/2012
Felicia Townsend Licensing Consultant	Date
Approved By:	
Denie G. Munn	10/02/2012
Denise Y. Nunn Area Manager	Date