

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



MAURA D. CORRIGAN DIRECTOR

December 18, 2012

Manshealla Alojipan Bella Senior Care Home LLC 2592 Chanterell Troy, MI 48083

> RE: Application #: AS500316277 Bella Senior Care Home LLC 48641 Penrose Lane Macomb, MI 48044

Dear Mrs. Alojipan:

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 six (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,

CONTRACTOR OF STREET Ruth Mc Makon

Ruth McMahon, Licensing Consultant Bureau of Children and Adult Licensing 39531 Garfield Clinton Township, MI 48038 (586) 256-1776

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AS500316277
Applicant Name:	Bella Senior Care Home LLC
Applicant Address:	48641 Penrose Lane
	Macomb, MI 48044
Applicant Telephone #:	(248) 703-0985
Administrator/Licensee Designee:	Manshealla Alojipan
Name of Facility:	Bella Senior Care Home LLC
Name of Facility.	
Facility Address:	48641 Penrose Lane
	Macomb, MI 48044
	,
Facility Telephone #:	(248) 703-0985
Application Date:	11/21/2011
Capacity:	6
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Program Type:	
	DEVELOPMENTALLY DISABLED
	AGED ALZHEIMERS
	ALZHEIWERS

# II. METHODOLOGY

11/21/2011	Enrollment
11/30/2011	Application Incomplete Letter Sent
12/27/2011	Contact - Document Received permission to enter
11/07/2012	Inspection Completed On-site
11/16/2012	Inspection Completed On-site
12/11/2012	Contact – Document Received BCAL-1326A resubmitted to Lansing for record clearance and fingerprinting.
12/17/2012	Contact – Document Received Fingerprints received for Manshealla.
12/17/2012	Inspection Completed-BCAL Full Compliance

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Bella Senior Care home is located at 48641 Penrose Lane in Macomb Township, Michigan, Macomb County, in the Brentwood Farms Subdivision. Mrs. Manshehealla Alojipan is the owner of the property. Proof of ownership and permission to enter was submitted by the Licensee Designee, Mrs. Manshealla Alojipan.

Bella Senior Care Home is a single level home with a brick exterior. The home has an attached garage. The home has a small front yard. The rear of the home has steps leading from the dining area to a patio and a nice backyard.

Bella Senior Care Home has a large living room, dining area/ kitchen area, four resident bedrooms, laundry room, powder room and two full bathrooms. The home has a basement, which is not approved for resident use.

At the time of the initial on-site inspection the bedrooms were measured as follows:

Bedroom #1 measures11 ft x 10 ft.equals 110 square feet - capacity 1.Bedroom #2 measures12 ft x 11 ft.equals 120 square feet - capacity 1Bedroom #3 measures12 ft x 11 ft.equals 132 square feet - capacity 2Bedroom #4 measures12 ft x 14 ft.equals 168 square feet - capacity 2.

The living room measures 17' x 18'5 equals 313.1 square feet.

The dining room measures 13.5 x 14 equals 187.8 square feet.

Total living space equals 473.8 square feet. This is more than adequate for 6 residents.

The bedrooms were properly furnished, clean and neat and had adequate lighting. Each bedroom has an easily open able window with a screen, a mirror and a chair. The bedrooms all have adequate closet space for storage.

The bathrooms were equipped with non-skid surfacing and handrails. The bathrooms were equipped with soap and towels for hand washing. The facility was equipped with all required furnishings.

The home has a basement which is not approved for resident use. The home has an interconnected smoke detection system with detectors installed in the basement and on the main floor as required. The home has a fire extinguisher mounted on the first floor and in the basement as required.

# **B.** Program Description

As part of the application process, Mrs. Alojipan submitted a copy of the program statement for review. The facility will accept male or female residents, who are 18 years or older who are mentally ill, Developmentally Disabled, Aged and Alzheimer's. At this time the facility is not equipped for wheelchairs.

Mrs. Alojipan will provide training to her staff as required by the licensing rules. She will assure that staff are all trained prior to performing their duties.

Mrs. Alojipan submitted a copy of the admission and discharge policies, a program statement, a proposed staffing pattern, a current lease, a floor plan with measurements and size specifications and current financial documents. As part of the licensing process, Mrs. Alojipan submitted the corporate personnel policies, routine procedures and job descriptions for review. The documents will be kept in the facility file and available for review.

The facility's emergency procedures were reviewed. The procedures contain written instructions to be followed in case of fire, weather and medical emergencies. I observed the evacuation routes were posted as required. Emergency numbers were posted by the telephone. I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire and medical emergencies.

The home has emergency services through Macomb Township in Macomb County.

Mrs. Alojipan will conduct fire drills as required by the rules. She stated that it is her intent to conduct fire drills as required during the daytime, evening and sleeping hours

# 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 to this AFC adult small group home (capacity 6).

 11 1. 0050.0 Ruth Mc Makon 12/18/2012

Ruth McMahon Licensing Consultant

Date

Approved By:

Denie J. Munn

12/18/2012

Denise Y. Nunn Area Manager

Date