



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 12, 2014

Zorza Kathleen and Zorza Gregory
125 Constellation Street
Gwinn, MI 49841

RE: Application #: AF520356216
Zorza Home
125 Constellation Street
Gwinn, MI 49841

Dear Zorza Kathleen and Zorza Gregory:

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 2 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 (906) 226-4171.

Sincerely,

Laura Dupras, Licensing Consultant
Bureau of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF520356216

Applicant Name: Zorza Kathleen and Zorza Gregory

Applicant Address: 125 Constellation Street
Gwinn, MI 49841

Applicant Telephone #: (906) 346-3809

Administrator/Licensee Designee: N/A

Name of Facility: Zorza Home

Facility Address: 125 Constellation Street
Gwinn, MI 49841

Facility Telephone #: (906) 346-6028
01/14/2014

Application Date:

Capacity: 2

Program Type: ALZHEIMERS
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/14/2014	Enrollment
01/27/2014	Application Incomplete Letter Sent need fingerprints for Kathleen and Gregory
03/03/2014	Inspection Completed On-site
03/10/2014	Inspection Completed-BCAL Full Compliance
03/10/2014	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Mr. and Mrs. Zorza have been providing Adult Foster Care since 2002. Their current license AF520239098 will be closed at the time this temporary license is granted.

The home is a single story home located at KI Sawyer, owned by Greg and Kathy Zorza. The home is wheel chair accessible. The home has applied for a special certification which will be granted at the time of licensing.

The home is 20 minutes from case management agencies, medical, dental, psychological and psychiatric services. The community hospitals, shopping centers and recreational opportunities are all reasonably close to the home.

There are 3 bedrooms in the home, 2 of the bedrooms will be resident bedrooms. The residents' bedroom measurements are as follows:

Bedroom 1 11'5" x 10' or 115 square feet Single occupancy

Bedroom 2 14'4"x 8'3" or 119square feet Single occupancy

The bathroom is barrier free

The living room and dining room are open and measure 25'5"x15' 5" or 395 square feet.

The furnace is located on same floor as the bedrooms and is fully enclosed. There is no basement in this facility

Program Description

The facility provides 24-hour supervision, protection and personal care for up to 2

residents, over the age of 18. The home provides care for resident who are either, developmentally disabled, physically handicapped or have Alzheimer. There will be at least 1 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

The facility has been found in full compliance with fire safety and environmental health.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. and Mrs. Zorza. They have submitted medical clearance request documents which include current negative TB results and that there are no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

Mr. and Mrs. Zorza acknowledge an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. and Mrs. Zorza has provided documentation to satisfy the qualifications and training requirements identified in the family home administrative rules.

The applicants acknowledge an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicants acknowledge 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 applicants 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 applicants acknowledge 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. The applicants have indicated their intention to achieve

and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant s acknowledge 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. The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

B. Rule/Statutory Violations

This facility was found to be in full compliance of the licensing rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home with a capacity of 2 residents.

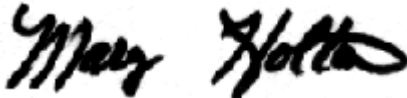


03/12/2014

Laura Dupras
Licensing Consultant

Date

Approved By:



03/12/2014

Mary E Holton
Area Manager

Date