



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 30, 2014

Martin Molino
Forest Estate Senior Residence, LLC
20487 Coachwood
Riverview, MI 48193

RE: Application #: AS820350079
Forest Estate Senior Residence
20487 Coachwood
Riverview, MI 48193

Dear Mr. Molino:

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820350079

Applicant Name: Forest Estate Senior Residence, LLC

Applicant Address: 20487 Coachwood
Riverview, MI 48193

Applicant Telephone #: (734) 216-2492

Administrator/Licensee Designee: Martin Molino, Designee

Name of Facility: Forest Estate Senior Residence

Facility Address: 20487 Coachwood
Riverview, MI 48193

Facility Telephone #: (734) 225-6145

Application Date: 10/15/2013

Capacity: 6

Program Type: AGED

II. METHODOLOGY

10/15/2013	Enrollment
10/15/2013	Application Incomplete Letter Sent Live scan prints need to be done. Mailed back 1326 for both.
10/28/2013	Application Complete/On-site Needed
11/06/2013	Application Incomplete Letter Sent
11/21/2013	Contact - Document Received Policies and procedures received.
01/13/2014	Contact - Document Received Received updated policy procedures and training from applicant Mr. Molino.
02/05/2014	Technical Assistance Provided additional technical assistance to Mr. Molino regarding changes and additions that need to be made in his policies and procedures. Also requested the remainder of his required training for himself and the administrator.
03/27/2014	Contact - Document Received Received updated policies and procedures as well as training for Mr. Molino. Mr. Molino has changed administrator and is requesting that documents be reviewed for newly appointed administrator.
04/14/2014	Contact - Document Sent Email sent to Mr. Molino requesting proof of resident/recipient rights training, completed 1326-A training, and experience for newly appointed administrator in addition, updates to policy and procedures that were previously requested.
04/16/2014	Contact - Telephone call made Telephone call to applicant Mr. Molino. On-site inspection scheduled for 05/07/14 @ 9:30am. Mr. Molino was asked to have previously requested documents available at the on-site.
05/05/2014	Contact - Document Received Email received from applicant Martin Molino with previously requested documents.
05/07/2014	Inspection Completed On-site
05/07/2014	Inspection Completed-BCAL Sub. Compliance

05/19/2014 Inspection Completed On-site

05/19/2014 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in the downriver community of Riverview, east of I-75. The home is a new construction built in 2013. It is an all brick ranch-style home with a full basement. The home has a paved driveway with a two car attached garage. The living, dining, and sitting areas measure a total of 656 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1,2,3,4,5	9'10"x 9'6" + 3'6"x 2'5"	101 sq. ft.	1
6	12'4"x11'10"	146 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, personal care in addition to room and board to **six (6)** male or female ambulatory aged adults.

The program will also include social interaction and personal hygiene.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's projected expenses and income and the budget statement submitted to operate the adult foster care facility.

The applicant is Forest Estate Senior Residence, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/12 /2013. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Forest Estate Senior Residence, L.L.C. has submitted documentation appointing Martin Molino as Licensee Designee for this facility and Gregory Richards as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The licensee designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges 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 licensee designee 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

Choose one:

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



Pandrea Robinson
Licensing Consultant

05/19/14
Date

Approved By:



Ardra Hunter
Area Manager

05/29/14
Date