



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 23, 2014

Domnica Tiniuc and Cristina Tiniuc
36457 Ann Arbor Trail
Livonia, MI 48150

RE: Application #: AF820361096
Grace HomeCare
36457 Ann Arbor Trail
Livonia, MI 48150

Dear Domnica Tiniuc and Cristina Tiniuc:

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,

Regina Buchanan, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820361096
Applicant Name:	Domnica Tiniuc and Cristina Tiniuc
Applicant Address:	36457 Ann Arbor Trail Livonia, MI 48150
Applicant Telephone #:	(586) 322-8107
Administrator/Licensee Designee:	N/A
Name of Facility:	Grace HomeCare
Facility Address:	36457 Ann Arbor Trail Livonia, MI 48150
Facility Telephone #:	(586) 322-8107 05/15/2014
Application Date:	
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

05/15/2014	Enrollment
05/20/2014	PSOR on Address Completed
05/20/2014	Contact - Document Sent Rule & ACT Books
05/20/2014	Application Incomplete Letter Sent Page 2 of application sent back for completion & 1326 for Lenuta Leuciuc (Responsible Person)
06/03/2014	Contact - Document Received 1326's for Lenuta Leuciuc, completed Page 2 of application
06/03/2014	Application Incomplete Letter Sent SOS address discrepancy with Cristina Tiniuc.
07/21/2014	Application Complete/On-site Needed
07/21/2014	File Transferred To Field Office Detroit
07/30/2014	Application Incomplete Letter Sent
09/04/2014	Inspection Completed-BCAL Sub. Compliance
09/11/2014	Inspection Completed On-site
09/15/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Grace Home Care AFC facility is located in a residential area of Livonia, MI. It is a single story structure with a full basement and no garage. It consists of a living room, dining room, kitchen, five bedrooms, two full bathrooms, and two ½ baths.

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 in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.58 X 17.75	170	1
2	9.58 X 10.5	100	1
3	11 X 17.3	190	2
4	11.08 X 9.92	109	1
5	11 X 9.92	109	1

The living, dining, and sitting room areas measure a total of 528 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and non-ambulatory, male and female adults whose diagnosis is aged or alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

2. Applicant and Household

Domnica Tiniuc and Christina Tiniuc are the applicants. The applicants live in the home. The applicant has designated a responsible person who can be available to supervise the residents in the applicants' absence.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicants or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant submitted financial information, and based on this information meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicants 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicants acknowledges an understanding of the training and qualifications requirements for the responsible person or volunteers and/or staff to provide a specialized program prior to each person working in the home in that capacity or providing care to residents in the home.

The applicants acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or any additional staff or volunteers 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 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 applicants 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.

5. Records & Record Keeping

The applicants acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Evacuation and emergency plans are posted in the facility and the applicants are aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicants:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

The applicants 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 applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants 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 applicants 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 applicants 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 applicants 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 applicants was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicants have indicated

that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

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

IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for 6 residents (aged and alzheimer's). The term of the license will be for a six-month period effective 9/23/2014.



Regina Buchanan
Licensing Consultant

09/15/2014
Date

Approved By:



Ardra Hunter
Area Manager

09/23/2014
Date