



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

October 16, 2014

Maria Puscas  
ALBA ENTERPRISES, LLC  
30440 Industrial Road  
Livonia, MI 48150

RE: Application #: AS630356011  
ALBA HOME  
21207 Parker Street  
Farmington Hills, MI 48336

Dear Ms. Puscas:

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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant  
Bureau of Children and Adult Licensing  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3967

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630356011
<b>Applicant Name:</b>	ALBA ENTERPRISES, LLC
<b>Applicant Address:</b>	30440 Industrial Road Livonia, MI 48150
<b>Applicant Telephone #:</b>	(734) 657-8262
<b>Administrator/Licensee Designee:</b>	Maria Puscas
<b>Name of Facility:</b>	ALBA HOME
<b>Facility Address:</b>	21207 Parker Street Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(734) 657-8262
<b>Application Date:</b>	01/14/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/14/2014	Enrollment
01/23/2014	Application Incomplete Letter Sent 569-C Application/LLC & FEIN.
01/23/2014	Contact - Document Sent Act & Rules.
02/06/2014	Contact - Document Received 569-C Application.
02/10/2014	Application Incomplete Letter Sent Fingerprint/Maria Puscas.
02/18/2014	Contact - Document Received Workforce Background Check/Maria Puscas.
02/28/2014	Application Incomplete Letter Sent Fingerprint/Maria (no longer accept Workforce Background Check).
04/02/2014	Application Complete/On-site Needed
04/02/2014	File Transferred To Field Office Pontiac.
04/07/2014	Contact - Document Received Received Licensing File from Central Office.
04/10/2014	Application Incomplete Letter Sent To licensee. Requesting additional required documents.
06/09/2014	Inspection Completed On-site
09/03/2014	Inspection Completed-BCAL Sub. Compliance
09/03/2014	Application Incomplete Letter Sent See confirming letter.
09/16/2014	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The proposed facility is a one level structure with stucco siding all throughout. The home is located in a residential area of the city of Farmington Hills, in a neighborhood with similar type single family dwellings. The home consists of two double occupancy resident bedrooms, two single occupancy resident bedrooms, a full bathroom adjoining one of the single occupancy resident bedrooms, a second full bathroom, a half bathroom, a fully equipped kitchen, a spacious living room, a dining room, and a laundry room. The home has a two car attached garage. There is a concrete driveway with adequate off street parking for staff and visitors. The home is wheelchair accessible.

The home is located within a few miles of community-based resources, such as retail shopping, public library, post office, grocery stores, recreational facilities, local parks, and places of worship.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, 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	12'8" x 12'	152	2
2	13'10" x 16'6"	228	2
3	12'3" x 12'3"	150	1
4	16'8" x 10'8"	178	1

The living room area measures a total of 558 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

#### B. Program Description

On 1/14/2014, ALBA ENTERPRISES LLC submitted an application for a license to provide adult foster care services at 21207 Parker, Farmington Hills. This location is currently licensed as an adult foster care small group home, AS630307279, and is operated by Voichita Boboc. This application is essentially a change in licensee.

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 and personal care to **six** (6) male or female ambulatory and non-ambulatory adults, aged 60 and over and who has

a diagnosis of Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred by local hospitals, local churches, and other community agencies. The applicant will also utilize referral services, such as A Place for Mom.

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 and/or the guardian.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is ALBA ENTERPRISES L.L.C., which is a "Domestic Limited Liability Company", established in Michigan, on 3/3/2005. 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 ALBA ENTERPRISES L.L.C. has submitted documentation appointing Maria Puscas as Licensee Designee and Administrator of the facility.

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

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Maria Puscas submitted written documentation indicating that she is a licensed registered nurse with over 25 years of experience working in various health care settings and with patients who age ranges from 13 years to end of life. Maria Puscas also submitted written documentation indicating she completed all the required training.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. There are certain time periods where there are two staff present in the home. The staffing pattern will be adjusted in accordance with the residents' individual needs. All staff shall be awake during sleeping hours.

The applicant acknowledged 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 applicant 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 applicant acknowledged 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 acknowledged 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 applicant acknowledged 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 applicant acknowledged 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 applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledged 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 acknowledged 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.

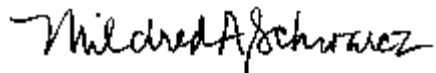
The applicant acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

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

**IV. RECOMMENDATION**

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



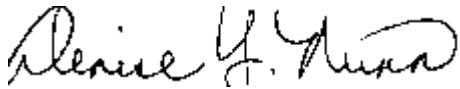
10/16/2014

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Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:



10/16/2014

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Denise Y. Nunn  
Area Manager

Date