



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

May 2, 2016

Felicia Marginean  
9637 Janet St.  
Taylor, MI 48180

RE: Application #: AF820377854  
NEW HOPE FAMILY CARE  
9637 JANET ST  
TAYLOR, MI 48180

Dear Ms. Marginean:

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 4 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AF820377854

**Licensee Name:** Felicia Marginean

**Licensee Address:** 9637 Janet St.  
Taylor, MI 48180

**Licensee Telephone #:** (313) 247-3927

**Administrator/Licensee Designee:** N/A

**Name of Facility:** NEW HOPE FAMILY CARE

**Facility Address:** 9637 JANET ST  
TAYLOR, MI 48180

**Facility Telephone #:** (313) 247-3927

**Application Date:** 05/29/2015

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS

## II. METHODOLOGY

05/29/2015	On-Line Enrollment
06/03/2015	Contact - Document Sent Rule & ACT Books
07/23/2015	Contact - Document Received 1326 Record Clearance Request and 3704 Medical Clearance Request for Vasile and Felicia Marginean.
07/30/2015	PSOR on Address Completed
07/30/2015	File Transferred To Field Office Detroit/Wayne
08/19/2015	Application Incomplete Letter Sent
09/29/2015	Contact - Document Received Policy and procedures received from applicant.
10/12/2015	Contact - Telephone call made Spoke with Ms. Marginean regarding additional required information as well as changes that need to be made to the documents sent. Ms. Marginean reported she would call back to discuss further on 10/13/15.
10/13/2015	Contact - Telephone call received I spoke with Mr. and Mrs. Marginean and informed them of the required changes that needed to be made to the information (policies/procedures) submitted. I also advised them to designate a responsible person and to submit 1326-A's, physical's and tuberculosis testing for the adult members of the household.
10/28/2015	Contact - Document Received Updated documents received.
11/13/2015	Contact - Document Sent Mrs. Marginean notified that 1326-A for adult son was not complete and needed to be re-submitted. Also documents received on 10/28/15 were reviewed and revisions required.
12/14/2015	Contact - Document Received 1326-A received for adult member of household and updated house rules, fee policy, resident rights, and standard and routine procedures.
01/11/2016	PSOR on Address Completed no hit

01/14/2016	Contact - Telephone call made Left Ms. Marginean a message requesting a return call to schedule the on-site inspection.
01/19/2016	Contact - Telephone call received Ms. Marginean called and reported she will be out of town for a few weeks and needs the on-site inspection to be after 02/20/16. It is scheduled for 02/23/16.
02/15/2016	Application Complete/On-site Needed
02/23/2016	Inspection Completed On-site
02/23/2016	Inspection Completed-BCAL Sub. Compliance
04/08/2016	Inspection Completed On-site
04/08/2016	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

New Hope Family Care home is located in a residential area in the city Taylor. The home is a single family two-story tan brick and aluminum sided structure with a full basement. The home was built in 2000 and sits on a large lot. The first floor of the home consists of two separate living room areas, a dining room, kitchen, one full bathroom, a ½ bathroom and four bedrooms. The upstairs portion of the home will be occupied by the family and consists of three bedrooms, and two full bathrooms. The home can accommodate wheelchairs and has an approved ramp located in the front of the home at one of the two approved means of egress.

The heat plant and hot water heater are located in the basement. The basement has a 1 ¾-inch steel fire rated door that is fully stopped in a wood frame and equipped with an automatic self-closing device and positive latching hardware.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

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

The living rooms, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>
Living Room #1	18'4" x 12'3"	225 sq. ft.
Living Room #2	10'5" x 23'3"	242 sq. ft.
Dining Room	11' x 10'1"	111 sq. ft.

The living rooms and dining room areas measured a total of 578 sq. ft. This exceeds the 35 sq. ft. per resident requirement.

<b>Bedroom #</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Number of Beds</b>
1	10'8" x 8'	85 sq. ft.	1
2	10'8" x 8'5"	90 sq. ft.	1
3	10'9" x 10'3"	110 sq. ft.	1
4	10'9" x 10'3"	110 sq. ft.	1

The applicant has requested a license for four (4) residents, and based on the above information can accommodate four (4) residents.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory or non-ambulatory, male and female adults whose diagnosis is developmentally disabled, Alzheimer's, physically handicapped and aged. 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.

### **C. Applicant and Responsible Person Qualifications**

Felicia Marginean is the applicant. The applicant lives in the home with her husband and two adult children. The applicant has designated a responsible person who can be available to supervise the residents in her absence.

Criminal background checks on the applicant and responsible person and members of the household were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant, responsible person and members of the household submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of residents as evidenced by the projected income from caring for AFC residents along with her current outside employment.

The applicant acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 acknowledge 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 applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant 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 applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicants.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day discharge notice.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home capacity (4).



Pandrea Robinson  
Licensing Consultant

04/28/2016

Date

Approved By:



Ardra Hunter  
Area Manager

05/02/2016

Date