



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 17, 2016

Tina Miele
13809 Barcroft Way
Warren, MI 48088

RE: Application #: AF500380548
The Gilbert Home
13809 Barcroft Way
Warren, MI 48088

Dear Ms. Miele:

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 3 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500380548
Licensee Name:	Tina Miele
Licensee Address:	13809 Barcroft Way Warren, MI 48088
Licensee Telephone #:	(586) 771-9389
Administrator/Licensee Designee:	N/A
Name of Facility:	The Gilbert Home
Facility Address:	13809 Barcroft Way Warren, MI 48088
Facility Telephone #:	(586) 771-9389
Application Date:	11/30/2015
Capacity:	3
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

11/30/2015	On-Line Enrollment
12/02/2015	PSOR on Address Completed
12/02/2015	Contact - Document Sent Rules & Act booklets
12/02/2015	Application Incomplete Letter Sent App - remove LLC; rec cl & FP's for Tina; rec cl's for Patricia, Kathryn, & Hope
12/07/2015	Comment FP's for Tina
12/07/2015	Contact - Document Received Rec cl's for Tina, Patricia, Kathryn, & Hope
12/09/2015	Contact - Document Received App - removed LLC from facility name
12/14/2015	Contact - Document Received Licensing file received from Central office
01/05/2016	Application Incomplete Letter Sent
01/05/2016	Contact - Telephone call made Spoke to applicant about association approval
10/28/2016	Contact - Document Sent Email to applicant regarding update on confirming letter and letter from CA approving AFC home
10/28/2016	Contact - Telephone call made Update on confirming letter. Applicant stated she would respond right away with items needed for correction
11/14/2016	Inspection Completed On-site
11/14/2016	Inspection Completed-BCAL Full Compliance
11/14/2016	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Warren, north of East 12 Mile Road. The facility is a large brick and aluminum-sided home on a condominium residential lot. The home has a paved driveway and attached two car garage. The living and dining space in the home contains 368 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is not wheelchair accessible. The bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	10'2" x 15'10"	154 sq. ft.	1
Bedroom #2	12'6" x 15'	189 sq. ft.	2

Total capacity: 3

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three residents whose diagnoses are aged, or Alzheimer's. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside financial savings and IRA account.

The applicant acknowledges and understands the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three residents will be the responsibility of the family home applicant 24 hours a day, 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges and understands the qualification requirements for the responsible person or volunteers providing care to residents in the home. The applicant acknowledged and understands it is her responsibility to assess the good moral character of employees and individuals who have regular, ongoing, “direct access” to residents or the resident information or both.

Technical assistance was given on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledged and understands the administrative rules regarding medication procedures. In addition, the applicant has indicated that residents’ medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges it is her responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges it is her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer staff, and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledged and understands the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledged and understands 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.

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

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

The applicant acknowledged and understands the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged it is her responsibility to obtain 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.

The applicant also acknowledges it is her 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 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 AFC adult family home with a capacity of three residents.

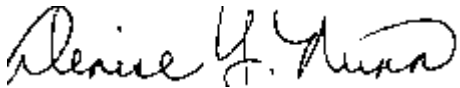


11/15/16

Roeiah Epps
Licensing Consultant

Date

Approved By:



11/17/2016

Denise Y. Nunn
Area Manager

Date