



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 24, 2017

Maria Espinoza
Senior's Haven LLC
50075 Shenandoah Drive
Macomb, MI 48044

RE: Application #: AS500382356
Senior's Haven, LLC
50075 Shenandoah Drive
Macomb, MI 48044

Dear Ms. Espinoza:

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 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 #:	AS500382356
Applicant Name:	Senior's Haven LLC
Applicant Address:	50075 Shenandoah Drive Macomb, MI 48044
Applicant Telephone #:	(248) 787-2256
Licensee Designee:	Maria Espinoza
Name of Facility:	Senior's Haven, LLC
Facility Address:	50075 Shenandoah Drive Macomb, MI 48044
Facility Telephone #:	(248) 787-2256
Application Date:	04/07/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/07/2016	Enrollment
04/13/2016	Contact - Document Sent Rules & Act booklets
04/13/2016	Application Incomplete Letter Sent Fingerprint (FP) request & prior names for Maria
04/19/2016	Contact - Document Received FP request & prior names for Maria (LD & Admin)
04/21/2016	Contact - Document Received Licensing file received from Central office
06/08/2016	Application Incomplete Letter Sent
10/19/2016	Contact - Document Sent 2nd incomplete letter sent
10/26/2016	Contact - Document Sent Email response to applicant regarding missing documents and items needed for the enrollment application process
11/14/2016	Contact - Document Received Corrected documents
11/18/2016	Contact - Document Sent Email request for document still missing (Alzheimer's Statement)
01/12/2017	Inspection Completed On-site
01/12/2017	Inspection Completed-BCAL Sub. Compliance
02/09/2017	Technical Assistance Regarding corrections required to the physical plant before original license could be issued.
02/28/2017	Contact - Document Received Photographs verifying corrections
03/16/2017	Contact - Document Sent Additional documentation requested for licensure

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a sub-division in the suburban community of Macomb, north of M-59. The facility is a large brick and partially aluminum-sided home on a residential lot with a paved driveway and attached garage. The living and dining space in the home contains 474 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	12'11" x 10.11"	130 sq. ft.	2
Bedroom 2	10'10" x 13"	131 sq. ft.	2
Bedroom 3	17'2" x 13'1"	225 sq. ft.	2

Total capacity: 6

B. Program Description

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

C. Applicant and Administrator Qualifications

The applicant is Senior's Haven LLC, which is a "Limited Liability Company" established in Michigan on 3/1/16. 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 a projected budget.

The sole board member of Senior's Haven LLC, Maria Espinoza, is the licensee designee and administrator of the facility.

A licensing record clearance was completed and the licensee designee and administrator is of good moral character. The licensee designee and administrator submitted physician statement documentation for herself documenting her good health and current TB test with negative results.

The licensee designee and administrator provided verification of her education and years of experience working with aged and Alzheimer adults. Ms. Espinoza also supplied verification of the necessary hours for training hours for her desired population type. Ms. Espinoza has approximately 10 years of training and experience of providing

direct care services with the aged, dementia and Alzheimer population. Ms. Espinoza is also a licensed registered nurse (RN) and is currently employed as a visiting RN with Assured Home Health Care. In addition to the aforementioned, Ms. Espinoza has approximately 11 years of training and experience of providing direct care services to the aged, dementia and Alzheimer population in hospital and residential settings.

The licensee designee and administrator acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was also instructed about background check requirements. The licensee designee and administrator was provided technical assistance 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 licensee designee acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident's medications will be stored in a locked cabinet. A daily medication log will be maintained.

The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them. The licensee designee acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator acknowledged it is her responsibility to maintain required resident records.

The licensee designee 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 small group home with a capacity of six residents.

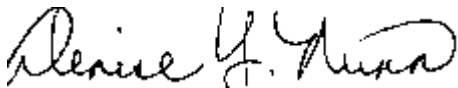


3/23/17

Roeiah Epps
Licensing Consultant

Date

Approved By:



03/24/2017

Denise Y. Nunn
Area Manager

Date