



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 23, 2017

Lori Panek
Agape Residential Care LLC
10130 Reeck Rd
Allen Park, MI 48101

RE: Application #: AS820382288
Agape Residential Care
10130 Reeck Rd
Allen Park, MI 48101

Dear Ms. Panek:

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 5 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 cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS820382288

Licensee Name: Agape Residential Care LLC

Licensee Address: 10130 Reeck Rd
Allen Park, MI 48101

Licensee Telephone #: (313) 633-9577

Administrator/Licensee Designee: Lori Panek, Designee

Name of Facility: Agape Residential Care

Facility Address: 10130 Reeck Rd
Allen Park, MI 48101

Facility Telephone #: (313) 633-9577
04/08/2016

Application Date:

Capacity: 5

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

04/08/2016 On-Line Enrollment

04/14/2016 Contact - Document Sent
rules and act sent

04/14/2016 Application Incomplete Letter Sent
L. Panek needs: 1326-Lic record clear. request, MSP livescan
fingerprint bk.ck. request and live scan fingerpirt. done.

05/05/2016 Contact - Document Received
bcal 1326A lic.record clearance rq and msp RI-030 livescan
fingerprint bk.ck.request for L. Panek.

05/05/2016 File Transferred To Field Office
Detroit/Wayne

05/17/2016 Application Incomplete Letter Sent

09/20/2016 Contact - Document Sent
30 day closure letter sent to applicant.

10/27/2016 Contact - Telephone call made
Telephone call to applicant Lorik Panek. She stated that she will
be ready for an inspection and have the rest of her documents
completed in the next 30 days.

11/14/2016 Contact - Telephone call received
Phone message from applicant, Lori Panek.

11/14/2016 Contact - Telephone call made
Telephone call returned to Lori. Message left.

11/18/2016 Contact - Document Sent
Applicant dropped off enrollment documents at the office.

12/05/2016 Contact - Document Received

Telephone message from applicant.

12/05/2016	Contact - Telephone call made Telephone call from applicant Lori Panek. She stated that she should be ready for an on-site inspection in the next 30 days. She will call back in January.
02/08/2017	Contact - Telephone call received Telephone call from applicant. She stated that they should be ready for their on-site inspection in the next three weeks. She will call once they are ready.
03/07/2017	Inspection Completed-BCAL Sub. Compliance
03/08/2017	Application Incomplete Letter Sent
04/04/2017	Inspection Completed On-site
04/4/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Allen Park, in Wayne County. The facility has a two car attached garage and a paved driveway. There is space for staff and visitor parking in the driveway and on the street on the side of the facility. The facility has a kitchen, dining area, living room, sitting room, three resident bedrooms and one full bathroom and one half bathroom. The facility utilizes the city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a solid wood core door. The door is equipped with an automatic self-closing device with positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the bedrooms, the hallway, and the basement of the facility. The facility is equipped with fire extinguishers which are located on each level of the building.

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

Location	Dimensions	Square Footage	Capacity
Bedroom A	14'5" X 10'8"	156.6	2 Residents
Bedroom B	13'1" X 10'	131.0	2 Residents
Bedroom C	11'3" X 10'6"	119.78	1 Resident
Living Room	12'11" X 20'	242.2	
Sitting Room	11'5" X 10'4"	119.6	

The living area measures a total of 361.8 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 five (5) residents.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for five (5) male or female residents. The facility will accept the aged population and residents who have been diagnosed with Alzheimer's and other forms of dementia. The facility will provide residents with the opportunity to participate in activities which can include crafts, games, reading, gardening, exercise and other outdoor activities to help strengthen and maintain individual overall health of each resident. The staff will be provided with on-going training specific to working with individuals with Alzheimer's and dementia.

C. Applicant and Administrator Qualifications

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

The applicant is Agape Residential Care, LLC, a Limited Liability Company established in Michigan on 2/8/2016. 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.

Lori Ann Panek is the licensee designee and administrator for the facility. A criminal history clearance was completed on 5/5/2016 for Ms. Panek and no criminal convictions were found. Ms. Panek submitted a medical clearance dated 7/27/2016 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Panek.

The applicant and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Panek provided documentation that she has over five years of experience working with the aged, and handicapped population providing direct care services. Ms. Panek has completed trainings through the American Red Cross, MALA, and Advance Career training.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum 1 staff for 5 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has indicated that the direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant 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) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 t acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow up the retention schedule for those document contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

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

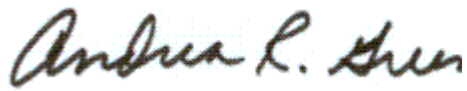
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of five (5) residents.



5/4/2017

Andrea Green
Licensing Consultant

Date

Approved By:



5/23/2017

Ardra Hunter
Area Manager

Date