



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 8, 2017

Jacqueline Thibault  
A Place For You By Homeaide LLC  
9615 Newburgh Road  
Livonia, MI 48150

RE: Application #: AS820383196  
**A Place For You By Homeaide**  
**9837 Westmore**  
**Livonia, MI 48150**

Dear Ms. Thibault:

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 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 #:** AS820383196

**Licensee Name:** A Place For You By Homeaide LLC

**Licensee Address:** 9615 Newburgh Road  
Livonia, MI 48150

**Licensee Telephone #:** (734) 744-5496

**Administrator/Licensee Designee:** Charlotte Thibault/Jacqueline Thibault

**Name of Facility:** A Place For You By Homeaide

**Facility Address:** 9837 Westmore  
Livonia, MI 48150

**Facility Telephone #:** (734) 744-5496  
06/08/2016

**Application Date:**

**Capacity:** 4

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

06/08/2016	On-Line Enrollment
06/15/2016	Contact - Document Sent rules and act sent
06/15/2016	Application Incomplete Letter Sent everything
06/29/2016	Contact - Document Received bcal-1326A Lic. record clearance for C. Thibault bcal 1326a lic. record clearance for J. Thibault with livescan fingerprint form RI- 030.. Copy of IRS Letter.
06/30/2016	File Transferred To Field Office Detroit/Wayne
07/26/2016	Contact - Document Sent Application incomplete letter sent.
04/20/2017	Contact - Telephone call received Telephone call from applicant. She stated that she thinks she will be ready in the next 30 days. She will call back at that time.
05/02/2017	Contact - Telephone call received Telephone call from applicant. She left a message stating that she will have the rest of her paper work in shortly and that the home is just about ready for an on-site inspection.
05/03/2017	Contact - Telephone call made Telephone call to applicant. Message left.
05/03/2017	Contact - Telephone call received Telephone call from applicant. She stated that they will be mailing the additional requested documents by the end of this week and they will be furnishing the home over the next week. She will call next week once the home is completely furnished to schedule an on-site inspection.
05/08/2017	Contact - Document Received Additional application documents received.
05/12/2017	Contact - Telephone call made Telephone call to applicant. Message left.
05/12/2017	Contact - Telephone call received Telephone call from licensee designee, Jacqueline Thibault.

Discussed received documents. She will make some changes to documents and will mail today or tomorrow.

05/23/2017	Contact - Telephone call made Telephone call from applicant. She stated that bed frames have been delayed so the on-site inspection had to be rescheduled to 6/8.
06/08/2017	Inspection Completed On-site
06/08/2017	Inspection Completed-BCAL Sub. Compliance
06/21/2017	Application Incomplete Letter Sent
07/03/2017	Contact - Telephone call made Telephone call to applicant. Message left.
07/25/2017	Inspection Completed-Onsite needed
07/26/2017	Inspection Completed On-site
07/026/2017	Inspection Completed-BCAL Full Compliance

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

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

The facility is a single story brick and siding dwelling located in a residential neighborhood in the city of Livonia, in Wayne County. The facility has a two car detached garage. The facility has a paved driveway on the side of the house and on street parking for staff and visitor parking. The facility has a living room, dining area, three resident bedrooms, and one full resident bathroom. The facility has a deck on the back of the home and a fenced in back yard available for resident use. The facility utilizes 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 fire door located at the top of the stairway. The door is equipped with an automatic, self-closing device and positive latching hardware.

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

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

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom # 1	11'2" X 8' 0 "	89.60	1 Resident
Bedroom # 2	13'8" X 10'3"	142.14	2 Residents
Bedroom # 3	12'7" X 9'1"	115.57	1 Resident
Living Area	15'10" X 11'	166.10	

The living area measured a total of 166.10 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 four (4) residents.

The home can accommodate wheelchairs.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for four (4) male or female residents. The facility will accept aged adults and adults who have been diagnosed with Alzheimer's disease and other forms of dementia. The facility will provide the residents with the opportunity to participate in a variety of activities which may include exercise, music, games, puzzles, quilting, other craft activities as well as activities in the community. The staff will be trained on working with Alzheimer's residents and will become Dementia Care Certified and will also participate in monthly continuing education training.

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

The applicant is A Place For You By Homeaide LLC, a Domestic Limited Liability Company established on 7/20/2015. 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 income from a home care agency that has been operating since 2005.

Jacqueline Thibault is the licensee designee for the facility. A criminal history clearance was completed on 6/29/2016 for Ms. Thibault and there were no criminal convictions were found. Ms. Thibault submitted a medical clearance dated 11/8/2016 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. Thibault.

Charlotte Thibault is the administrator for the facility. A criminal history clearance was completed on 6/29/2016 for Ms. Charlotte Thibault and no criminal convictions were found. Ms. Charlotte Thibault submitted a medical clearance dated 11/11/2016 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. Charlotte Thibault.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Jacqueline Thibault provided documentation that she has over two years of experience as a caregiver for Home Aide LLC providing direct care to aged adults. Ms. Jacqueline Thibault has also provided documentation that she has completed training through the American Red Cross, MALA, Walsh College and VCE. Charlotte Thibault provided documentation that she has over 10 years of experience working as a caregiver for Home Aide LLC providing direct care to aged adults. Ms. Charlotte Thibault has also provided documentation that she has completed training through the American Red Cross, American Caregiver Association, Henry Ford Community College, Schoolcraft Community College, Macomb Community College and VCE.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum 1 staff for 4 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](http://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 documents 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.

#### **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 (capacity 4).



8/4/2017

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Andrea Green  
Licensing Consultant

Date

Approved By:



8/8/2017

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Ardra Hunter  
Area Manager

Date