



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 6, 2018

Bernadette Angeles
30645 Lebanon Drive
Warren, MI 48093

RE: Application #: AF500387250
Angie's Residential Care
30645 Lebanon Drive
Warren, MI 48093

Dear Bernadette Angeles:

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure



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

I. IDENTIFYING INFORMATION

License Application #:	AF500387250
Applicant Name:	Bernadette Angeles
Applicant Address:	30645 Lebanon Drive Warren, MI 48093
Applicant Telephone #:	(586) 610-6493
Administrator/Licensee Designee:	N/A
Name of Facility:	Angie's Residential Care
Facility Address:	30645 Lebanon Drive Warren, MI 48093
Facility Telephone #:	(586) 610-6493
Application Date:	03/03/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY DISABLED



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II. METHODOLOGY

03/03/2017	Enrollment
03/07/2017	PSOR on Address Completed
03/07/2017	Contact - Document Sent Rule & Act booklets
03/07/2017	Application Incomplete Letter Sent Responsible Person; Livescans request for Bernadette Angeles, Licensee received. Requested record clearances for the Responsible Person, Estrella Brown.
03/29/2017	Contact - Document Received Livescan fingerprinting requested for Bernadette Angeles.
03/29/2017	Application Incomplete Letter Sent Received record clearances for Estrella Brown.
04/06/2017	Contact - Document Received Received medical clearances for Estrella Brown.
04/14/2017	Contact - Document Received Licensing file received from Central office.
05/16/2017	Application Incomplete Letter Sent Sent via email to Ms. Angeles.
06/06/2017	Application Incomplete Letter sent Sent second letter via email to Ms. Angeles.
10/11/2017	Contact- Telephone call received Ms. Angeles called to inquire about her application.
10/11/2017	Application Incomplete Letter sent Send third application incomplete letter to Ms. Angeles via email.
11/29/2017	Application Complete/On-site Needed Received all of the requested documents.
12/18/2017	Inspection Completed-BCAL Full Compliance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located at 30645 Lebanon Drive, Warren, MI 48093 and is a single family home. This property is located in the Northeast Warren area. According to public records, this home has approximately 1,926 square feet, with a lot size of 8,276 square feet. The home is close to Licht Park and the located in the Warren Consolidated school district. The nearby schools include Cromie Elementary School, Carter Middle School, and Cousino Senior High School. The home is located minutes from the GM tech center, several restaurants and shopping.

The home is a ranch style home with four bedrooms, two full baths and an attached two-car garage. The home consists of a living, dining room and a pass thru fireplace. There is a large mudroom area off the kitchen. The home has a white privacy fence and a patio for outdoor entertaining. The home is wheelchair accessible.

The gas furnace and got water heater are located on the basement level of the home that is constructed of materials that prove a 1-hour-fire-resistant rating with a 1¾ inch solid core door in a fully stoppable frame, equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with smoke detectors and operational. The basement level of the home is equipped with a bedroom, office, and storage and laundry room. The licensee occupies the bedroom in the basement.

Resident bedrooms measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'5" x 11' 1"	126.53	1
2	10' x 14'5"	144.16	2
3	10'11" x 8'11"	97.34	1
4	11'1" x 12'11"	143.16	2

Total Capacity: 6

The living room, dining, and kitchen measure a total of 791.58 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.



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B. Program Description

Admissions and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six male or female ambulatory and/or wheelchair use adults that are aged, physically disabled or diagnoses with Alzheimer's.

Angie's Residential Care intends to serve seniors age 60 and older and disabled veterans with a degree of medical fragility. These include those who are aged and who may require help managing incontinence, nutritional and medication routines. In addition, staff is qualified to serve those suffering from all stages of Alzheimer's and dementia and the physically handicapped as the home has a ramp and 30" doorways.

The program is designed to provide residential care in a supervised environment that balances the need to promote independence, maximum function, and personal dignity with the need for resident supervision. This includes persons recuperating after strokes, those who have physical limitations associated with multiple sclerosis and other diagnosis.

The program goals are specifically associated with the populations served. Admission is open to any person who is aged, suffering from Alzheimer's or a physical handicap. These residents may require assistance with the activities of daily life or may require prompting to care for oneself as long as their needs and conditions meet with the parameters of our program. Residents cannot be bedridden, cannot require isolation, cannot require restraint, cannot require continuous, 24-hour nursing care. The resident's behavioral patterns should be compatible with other residents

C. Applicant and Administrator Qualifications

The licensee, Bernadette Angeles is the applicant and received Certificate of Sole Proprietorship or Angie's Residential Care. Bernadette Angeles has worked in direct care for five years including in home health care environments, being exposed to multiple diagnosis and conditions, non-ambulatory, wound sufferers, and severe dementia. Bernadette Angeles has a Doctor of Dental Medicine from De Ocampo Memorial College from Manila Philippines.

Bernadette Angeles completed Basic Life Support from the American Safety & Health Institute, expiration date 07/12/2019. Ms. Angeles received a certificate in Adult Foster Care Administrators and Licensees-State of Michigan training October 18, 2017. The trainings were as follows: Adult Foster Care Act; Working with People: Behavioral



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Characteristics Associated with Diagnosis; Program and Licensing Requirements: The Physical Plant and Residential Program Development; Knowing Resident/Recipient Rights and How to Teach Them to Staff; Reporting Requirements; Documentation Integrity: Documenting Critical Incidents; Effective Financial and General Management; Nutritional Protocol in Adult Foster Care: Including Food Handling Rule Review; Health Administration and Medication Administration; Person Centered Planning; Prevention & Containment of Communicable Disease Blood Borne Pathogens; Resident Protection and Prohibited Practices: Recognizing and responding to Reports of Abuse and Neglect.

A license record clearance request was completed with no LEIN convictions recorded for the applicant Ms. Angeles. Ms. Angeles submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one responsible person to six residents. The applicant is the only member of the household. Ms. Angeles has appointed Estrella Brown as the responsible person. Ms. Brown received a Basic Life Support (CPR and First Aid) from the American Safety and Health Institute, expiration date 07/12/2019.

A license record clearance request was completed with no LEIN convictions recorded for the applicant Ms. Brown. Ms. Brown submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

Ms. Angeles acknowledged that at no time would this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ration or expectation to assist in providing supervision, protection, or person l care to the resident population.

Ms. Angeles acknowledges an understanding of the qualification, suitability, and training requirement for direct care staff prior to each person working in the facility tin that capacity or being considered as part of the staff to resident ratio.

Ms. Angeles acknowledges an understanding of the responsibility to access the good moral character of employees and contractors who have ongoing "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.



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The applicant, Ms. Angeles acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Angeles 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.

Ms. Angeles acknowledges his 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, Ms. Angeles acknowledges their 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 the retention schedule for those documents contained within each employee's record.

Ms. Angeles acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Angeles acknowledges 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.

Ms. Angeles acknowledges their 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.

Ms. Angeles acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Angeles acknowledges 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.

Ms. Angeles acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Angeles indicated that it is their intent to achieve and maintain compliance with these requirements.



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Ms. Angeles 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 licensee designee Ms. Angeles has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Angeles acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Ms. Williams acknowledges that residents with mobility impairments may only reside on the main floor of the facility. Ms. Angeles acknowledged that at no time would this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ration or expectation to assist in providing supervision, protection, or person l care to the resident population.

Ms. Angeles acknowledges an understanding of the qualification, suitability, and training requirement for direct care staff prior to each person working in the facility tin that capacity or being considered as part of the staff to resident ratio.

Ms. Angeles acknowledges an understanding of the responsibility to access the good moral character of employees and contractors who have ongoing "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Angeles acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Angeles 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.

Ms. Angeles acknowledges his 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, Ms. Angeles acknowledges their 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 the retention schedule for those documents contained within each employee's record.



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Ms. Angeles acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Angeles acknowledges 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

Ms. Angeles acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Angeles indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Angeles 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. Ms. Angeles has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Angeles acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Angeles acknowledges that residents with mobility impairments may only reside on the main floor of the facility.



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Ms. Angeles acknowledges their 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.

Ms. Angeles acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Angeles acknowledges 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.

D. Rule/Statutory Violations

The applicant Bernadette Angeles 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 (capacity 1-6).

02/01/2018

LaShonda Reed
Licensing Consultant

Date

Approved By:

02/06/2018

Denise Y. Nunn
Area Manager

Date