



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 18, 2018

Jenna Szafran
Advanced Care AFC Home LLC
43513 Lotus Dr.
Canton, MI 48188

RE: Application #: AS630386128
Advanced Care AFC Home LLC
8696 Crosby Lake Rd
Clarkston, MI 48346

Dear Ms. Szafran:

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 black ink that reads "Mildred A. Schwarcz".

Mildred A. Schwarcz, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630386128
Licensee Name:	Advanced Care AFC Home LLC
Licensee Address:	43513 Lotus Dr. Canton, MI 48188
Licensee Telephone #:	(313) 550-7306
Administrator/Licensee Designee:	Jenna Szafran, Designee
Name of Facility:	Advanced Care AFC Home LLC
Facility Address:	8696 Crosby Lake Rd Clarkston, MI 48346
Facility Telephone #:	(313) 550-7306
Application Date:	12/22/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

12/22/2016	On-Line Enrollment
12/27/2016	Application Incomplete Letter Sent Fingerprints, RI030, 1326As for Jenna Szafran and Administrator.
12/27/2016	Contact - Document Sent Act 218 and Administrative Rules.
12/28/2016	Inspection Report Requested - Health 1026464.
02/02/2017	File Transferred To Field Office Pontiac.
02/06/2017	Contact - Document Received Licensing file received from Central office
02/09/2017	Application Incomplete Letter Sent Letter requesting for required information prior to initial onsite inspection.
02/10/2017	Inspection Completed On-site
07/28/2017	Contact - Face to Face Follow up inspection and review of documents.
11/02/2017	Contact - Document Received Required documents submitted by applicant.
12/12/2017	Application Complete/On-site Needed
12/12/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large two story home located in the city of Clarkston, Township of Springfield, Oakland County, Michigan. The residential neighborhood is characterized by similar single family dwellings. The facility is in close proximity to retail shopping, grocery stores, hospitals, recreational facilities, and places of worship.

The main floor of the facility contains one double occupancy bedroom, three single occupancy bedrooms, one full bathroom with a shower area, one half bathroom, a living

room, a dining room, a kitchen and a laundry area. There is a door off of the dining room leading to a deck that is enclosed with handrails and equipped with a ramp that exits to the front of the house. There is a shallow man-made lake behind the property; however, the residents have no access to this lake.

The lower level of the facility, which is to grade, contains a single occupancy bedroom, a full bathroom, a living room, the furnace room and storage areas.

The furnace and hot water heater are located in the lower level, which is on the same level as one of the resident bedrooms. It is enclosed in a room that is constructed of material which has a 1 hour fire resistance rating and has a door that is made of 1-3/4 inch solid core wood. The door is hung in a fully stopped frame and is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility utilizes a private water supply system and a private sewage disposal system. The Oakland County Health Division conducted an inspection of the system on 11/15/2016 and determined the facility to be in substantial compliance, with an “A” rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" x 13'6"	158.6	2
2	13'8" x 7'7"	103.5	1
3	13'6" x 9'	121.5	1
4	9'9" x 13'7"	132	1
5	15'2" x 13'3"	200.8	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 741 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant, Advanced Care AFC Home, LLC., intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory and non-ambulatory adults who are aged, physically handicapped or diagnosed with Alzheimer’s, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and

behavioral developmental needs, if applicable. Residents will be referred from private sources, such as local hospitals, churches, families, and placing agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident and guardian.

The licensee will provide and/or arrange for all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Advanced Care AFC Home, L.L.C., a “Domestic Limited Liability Company”, was established in Michigan, on 12/16/2016.

The applicant submitted an application to provide adult foster care services at 8696 Crosby Lake Road, Clarkston, Michigan, on 12/22/2016. This location has been previously licensed, AS630261843, and operated by Coventree Home Health Care, Inc, from 01/14/2004 to 11/18/2010 and then licensed, AS630317951, and operated by Coventry Home Health Care, Inc from 08/15/2012 to the present. This application is essentially a change in licensee.

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.

The Board of Directors of Advanced Care AFC Home, L.L.C. has submitted documentation appointing Jenna Szafran as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for Jenna Szafran, licensee designee and administrator. Ms. Szafran submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

Ms. Szafran provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. As a registered nurse, Ms. Szafran has over 10 years of experience in management in home health care settings. She also has over a year experience in direct care of the elderly, as she has been working for the current licensee, Coventry Home Health Care.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff shall be awake during sleeping hours.

Ms. Szafran acknowledged an understanding of the training and qualification 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.

Ms. Szafran acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, 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. Szafran acknowledged 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. Szafran 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. Szafran acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Ms. Szafran acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

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

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

The applicant acknowledge their responsibility to obtain all of 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. In addition, Ms. Szafran acknowledged their 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.

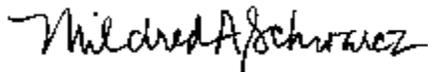
Ms. Szafran acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

I determined the facility to be in substantial compliance with all applicable statutory requirements and the administrative rules for an adult foster care small group home for 1 to 6.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).

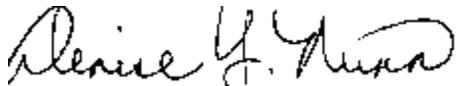


01/02/2018

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



01/18/2018

Denise Y. Nunn
Area Manager

Date