



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 17, 2017

Ruth Poberesky  
Absolute Care, LLC  
5847 Naneva Court  
West Bloomfield, MI 48322

RE: Application #: AS630390276  
**Absolute 3**  
**2145 St Joseph**  
**West Bloomfield, MI 48324**

Dear Ms. Poberesky:

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS630390276

**Applicant Name:** Absolute Care, LLC

**Applicant Address:** 5847 Naneva Court  
West Bloomfield, MI 48322

**Applicant Telephone #:** (248) 252-6310

**Administrator/Licensee Designee:** Ella Maryakhin/Ruth Poberesky

**Name of Facility:** Absolute 3

**Facility Address:** 2145 St Joseph  
West Bloomfield, MI 48324

**Facility Telephone #:** (248) 252-6310

**Application Date:** 09/02/2017

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

09/02/2017	Enrollment
09/05/2017	Contact - Document Sent Rules and Acts books
09/05/2017	Application Incomplete Letter Sent 1326 for Ruth and Ella
09/18/2017	Contact - Document Received 1326 for Ruth and Ella
09/18/2017	Contact - Document Received CPR and First Aid for Debra
09/18/2017	File Transferred To Field Office Pontiac
09/22/2017	Contact - Document Received Licensing file received from Central office
10/04/2017	Application Incomplete Letter Sent
10/13/2017	Contact - Document Received Received requested documents
10/13/2017	Application Complete/On-site Needed
11/08/2017	Inspection Completed On-site
11/08/2017	Inspection Completed-BCAL Sub. Compliance
11/08/2017	Application Incomplete Letter Sent Confirming letter emailed to Ella Maryakhin and Ruth Poberesky
11/15/2017	Inspection Completed On-site
11/15/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This single level ranch facility is located in the city of West Bloomfield. This single level facility consists of a living room, kitchen, dining room, laundry area, one full bathroom, a lavatory, and five resident bedrooms. This facility is wheelchair accessible and has two

approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot water heater are also located on the single level in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'6" x 11'9"	170.38	2
2	11'3" x 11'1"	124.65	1
3	11' x 11'6" -6'7" x 2'4"	111.17	1
4	14'5" x 11'4" -8'4" x 2'5"	143.22	1
5	12' x 9'1"	108.96	1

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 490.95 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **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 intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, and private pay individuals as a referral source.

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, guardian, and the

responsible agency.

The licensee will provide 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 Absolute Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/23/15. 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 members of Absolute Care, L.L.C. have submitted documentation appointing Ruth Poberesky as Licensee Designee for this facility and Ella Maryakhin as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee Ruth Poberesky and the administrator Ella Maryakhin. Ms. Poberesky and Ms. Maryakhin submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Poberesky and Ms. Maryakhin provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Poberesky and Ms. Maryakhin have been the licensee designee and administrator, respectively, for licensed adult foster care small group homes Absolute Care LLC (AS630377772) since 09/30/2017 and Naneva (AS630381107) since 10/26/2016. Ms. Poberesky and Ms. Maryakhin are competent in all of the following areas: nutrition, first aid, cardiopulmonary resuscitation, foster care, safety and fire prevention, financial and administrative management, knowledge of the needs of the populations to be served, resident rights and prevention and containment of communicable diseases.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff-to-6 residents per shift. Ms. Poberesky acknowledged the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Poberesky indicated that direct care staff will be awake during sleeping hours.

Ms. Poberesky acknowledged that at no time will 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 ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Poberesky 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.

Ms. Poberesky 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Poberesky 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. Poberesky 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. Poberesky acknowledged her 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. Poberesky acknowledged her 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. Poberesky acknowledged 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. Poberesky acknowledged her responsibility to obtain the required written assessment, 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. Poberesky acknowledged her 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. Poberesky acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Poberesky 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.

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

Ms. Poberesky 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. Poberesky 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.

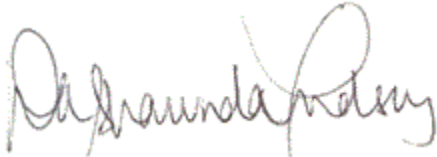
Ms. Poberesky acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

#### **D. Rule/Statutory Violations**

The licensee designee Ruth Poberesky was in compliance with the licensing act and applicable administrative rules at the time of licensure.

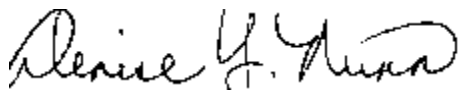
#### **IV. RECOMMENDATION**



\_\_\_\_\_  
DaShawnda Lindsey  
Licensing Consultant

11/16/2017  
Date

Approved By:



\_\_\_\_\_  
Denise Y. Nunn  
Area Manager

11/17/2017

Date