



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 29, 2018

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

RE: License #: AS820383196
A Place For You By Homeaide
9837 Westmore
Liviona, MI 48150

Dear Ms. Thibault:

Attached is the Licensing Study Report for the facility referenced above.

MCL 400.713(3) of Act 218 Public Acts of 1979, as amended, the Adult Foster Care Facility Licensing Act, requires:

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

Since the issuance of a temporary license to you on 8/8/2017 no residents have been admitted to this licensed adult foster care facility. As a result of there being no residents admitted to your adult foster care facility during the temporary license period, the department is not able to determine your compliance with Act 218 or the adult foster care rules related to resident care and services.

Therefore, issuance of a provisional license is recommended in accordance with MCL 400.717(1) which provides:

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and

may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

Your written acceptance of a provisional license and the submission of a written corrective action plan is required and due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- **The signature of the licensee or licensee designee or home for the aged authorized representative and a date.**

Upon receipt of an acceptable corrective plan, a six-month provisional license will be issued. If you do not agree to a provisional license, you have a right to request, in writing, a hearing. In any event, the corrective action plan is due within 15 days.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,



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

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

I. IDENTIFYING INFORMATION

License #: AS820383196

Licensee Name: A Place For You By Homeaide LLC

Licensee Address: 9615 Newburgh Road
Livonia, MI 48150

Licensee Telephone #: (734) 744-5496

Licensee/Licensee Designee: Jacqueline Thibault

Administrator: Charlotte Thibault

Name of Facility: A Place For You By Homeaide

Facility Address: 9837 Westmore
Livonia, MI 48150

Facility Telephone #: (734) 744-5496

Original Issuance Date: 08/08/2017

Capacity: 4

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/26/2018

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain. There has been no residents admitted to the home since the licence issuance.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. There have been no residents admitted to the home since the license issuance.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No residents.
- Meal preparation / service observed? Yes No If no, explain. No residents.
- Fire drills reviewed? Yes No If no, explain. No residents.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain. No Residents.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

MCL 400.713

License required; application; form; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; "completed application" defined.

(1) A person, partnership, corporation, association, or a department or agency of the state, county, city, or other political subdivision shall not establish or maintain an adult foster care facility unless licensed by the department.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



1/29/2018

Andrea Green
Licensing Consultant

Date