



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 30, 2018

Naomi Turcas  
5931 Lippincott RD  
Lapeer, MI 48446

RE: Application #: AF440383776  
Emmanuel Community Loving Hands  
5931 Lippincott RD  
Lapeer, MI 48446

Dear Ms. Turcas:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(517) 899-5659

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF440383776
<b>Licensee Name:</b>	Naomi Turcas
<b>Licensee Address:</b>	5931 Lippincott RD Lapeer, MI 48446
<b>Licensee Telephone #:</b>	(313) 671-0376
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Emmanuel Community Loving Hands
<b>Facility Address:</b>	5931 Lippincott RD Lapeer, MI 48446
<b>Facility Telephone #:</b>	(313) 671-0376
<b>Application Date:</b>	07/13/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODOLOGY

07/13/2016	On-Line Enrollment
11/10/2016	Contact - Document Sent Rules and act sent
11/10/2016	Application Incomplete Letter Sent everything
11/10/2016	Inspection Report Requested - Health invoice1026347
11/15/2016	File Transferred To Field Office File transferred to Flint per manager, M. Holton and K.Garza. File is still waiting for BCAL-1326 for Naomi Turcas and Siliva Turcas and RI-030 for Naomi Turcas.
02/22/2017	Application Incomplete Letter Sent
04/24/2017	Contact - Telephone call made Voicemail mesage was left for applicant, Naomi Turcas.
06/20/2017	Contact - Telephone call made Voicemail message was left for applicant.
06/27/2017	Contact - Document Sent Mailed out a 10-day closure letter to applicant.
07/06/2017	Contact - Document Received E-mailed were exchanged with applicant regarding her trouble with being able to make contact with the health inspector.
07/31/2017	Contact - Document Sent E-mail sent to applicant requesting information regarding how health inspection went.
08/08/2017	Contact - Telephone call made Voicemail message left for applicant.
11/10/2017	Inspection Completed- Env. Health : A
01/09/2018	Contact – Document received Received required paperwork from applicant
01/09/2018	Application Complete/On-site Needed
01/16/2018	Inspection Completed – BCAL Sub Compliance

01/22/2018	Application Incomplete Letter Sent
01/22/2018	Confirming Letter Sent
01/23/2018	Contact – Telephone call received Received phone call from applicant.
01/25/2018	Inspection Completed On-site
02/09/2018	Contact – Telephone call made Spoke with applicant to clarify home ownership issue.
02/09/2018	Inspection Completed – BCAL
03/26/2018	Document received from Naomi Turcas Received document of ownership property change.
03/29/2018	Document received- Received document from Ms. Turcas
03/30/2018	Recommend License Issuance.

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

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

Emmanuel Community Loving Hands is located in a rural area of Lapeer, MI. It is a single story home that sits on 28 acres of land. There is a long dirt/gravel driveway and ample parking space for visitors close to the front entrance. The home has a small cement covered porch, with a wheelchair ramp, at the front entrance and a larger wooden deck attached to the back of the home, with direct access from the sliding glass door in the living room. Also on the property is a large pond that sits approximately 75-100 feet from the back exit/entrance of the home. The home has a barrier/fence located between the back of the home and the pond, to prevent residents from having direct access to the pond. Applicant, Naomi Turcas, is currently pay rent for this home, but the ownership of this property belongs to her brother, Grigore Turcas.

The main level of the home consists of a living room, dining area, kitchen, laundry room, foray/sitting area, six resident bedrooms, two full bathrooms and one half bath. All bedrooms are private bedrooms with only one resident. There are two exit/entrances from the main level that lead directly outside, which are equipped with alarms to alert staff when someone exits/enters the home.

The basement level of the home consists of a living room, two bedrooms, one full bathroom and a utility room. The utility room houses the home's electric hot water heater. This level is the private living quarters of the licensee and one other household member/staff. Residents do not have access to the basement level.

The home has three separate sources of producing heat. All living areas and bedrooms #4, #5, and #6 have electric baseboard heating, which were professionally inspected on 1/18/18. All resident bedrooms have an individual electric heating/air conditioning units, with individual remotes, which were professionally installed on 6/15/16. All the home's bathrooms on the main level have heated tile floors. The smoke detectors are battery operated and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas provide ample space for up to six residents and measured as follows:

Living Room	246 square feet	
Dining area	105 square feet	
Sitting area	193 square feet	
Bedroom # 1	11' x 9' 10" = 108 square feet	1 resident
Bedroom # 2	12' 6" x 11' 11" = 143 square feet	1 resident
Bedroom # 3	12' 4" x 10' 8" = 132 square feet	1 resident
Bedroom # 4	10' 6" x 9' = 95 square feet	1 resident
Bedroom # 5	10' 6" x 10' 4" = 109 square feet	1 resident
Bedroom # 6	10' 2" x 8' 10" = 90 square feet	1 resident

The facility has both a private water supply and private sewage disposal system. On 11/10/17, the Lapeer County Health Department completed an inspection and gave this home an "A" rating.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents who are 50-100 years of age and who may or may not suffer from a developmental disability, mental illness, aged, and/or dementia/Alzheimer. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. This home is wheelchair accessible.

## **C. Applicant Qualifications**

Naomi Turcas is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible persons. They have been determined to be of good moral character. The applicant and responsible persons

submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible persons on call to provide supervision in relief. The applicant has indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site for six (6) residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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.

The applicant 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, 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 acknowledges their responsibility to establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the

home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges 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, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant 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.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges 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.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

The applicant acknowledges 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.

The applicant 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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

Naomi Turcas has six years' of experience as a direct care worker at an AFC home where residents were developmentally disabled, mentally ill, aged and suffered from dementia/Alzheimer's. Ms. Turcas reports that all resident files will be kept on the facility grounds.

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

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC family home with a capacity of 6.



3/30/18

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Christopher Holvey  
Licensing Consultant

Date

Approved By:



03/30/18

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Mary E Holton  
Area Manager

Date