



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 8, 2019

Florica Bitis  
9651 Janet St  
Taylor, MI 48180

RE: Application #: AF820392532  
**Good Samaritan Family Care**  
**9651 Janet St**  
**Taylor, MI 48180**

Dear Mrs. Bitis:

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 4 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF820392532
<b>Licensee Name:</b>	Florica Bitis
<b>Licensee Address:</b>	9651 Janet St Taylor, MI 48180
<b>Licensee Telephone #:</b>	(313) 622-2401
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Good Samaritan Family Care
<b>Facility Address:</b>	9651 Janet St Taylor, MI 48180
<b>Facility Telephone #:</b>	(313) 622-2401 02/07/2018
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

02/07/2018	On-Line Enrollment
02/08/2018	PSOR on Address Completed NO
02/08/2018	Application Incomplete Letter Sent 1326, RI-030, FP for Florica. 1326 for Daniel and Responsible Person
02/27/2018	Contact - Document Received 1326, RI-030, FP, and 3704 for Florica. 1326 and 3704 for Daniel.
02/28/2018	Lic. Unit file referred for background check review Given to Candace Florica has wrong FP code on people screen
02/28/2018	Lic. Unit file referred for background check review Given to Candace. Daniel is a Responsible Person that needs FP removed.
03/07/2018	File Transferred To Field Office Detroit
03/27/2018	Application Incomplete Letter Sent
10/26/2018	Inspection Completed On-site
10/26/2018	Application Complete/On-site Needed
12/05/2018	Contact - Document Received responsible persons/employees 1326 and fingerprint forms
01/08/2019	Inspection Completed On-site
01/11/2019	Contact - Document Received

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

**A. Physical Description of Facility**

The Good Samaritan Family is in a residential area in Taylor. The home is a two-story structure with a full basement and attached garage. The first floor is the living quarters for the residents and the second story is the sleeping quarters for family members only. The first floor of the home consists of 2 living rooms, 2 dining rooms, a kitchen, 1 full bathroom, 2 half baths and 4 residents' bedrooms. The second floor consist of 4 bedrooms and 2 full bathrooms.

The furnace and hot water heater are located in the basement with a 1-hour fire rated door 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. The home is in full compliance with fire safety rules. The home can accommodate wheelchairs. The front door exit is ground level and there is a ramp at the second means of egress. The home has public water and sewer and is in compliance with environmental health rules.

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

Bedroom # 1 <sup>st</sup> floor	Room Dimensions	Total Square Footage	Total Resident Beds
1	8 X 11	88 sq. ft	1
2	8 X 11	88 sq. ft.	1
3	10 X 10	100 sq. ft.	1
4	10 X 10	100 sq. ft	1

The residents' living, and dining, room areas measure a total of 310 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The license is issued to Florica Bitis and is not affiliated with any other business entity at this address or any other address. The residents reside with the family and the family is responsible for providing all elements of adult foster care (AFC). Pursuant to Public Act 218 "Foster care" means the provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, 5 or more days a week, and for 2 or more consecutive weeks for compensation." The applicant(s) intends to provide foster care to four (4) ambulatory and non- ambulatory residents, whose diagnosis is aged or developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). The applicant and responsible persons submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (4) residents 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 acknowledges an understanding of the qualification requirements for the responsible persons or volunteers providing care to residents in the home.

The applicant 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 obtain all required documentation and signatures that are to be completed prior to the responsible persons 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 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 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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a 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 their responsibility to obtain 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, 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.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-4).



1-16-19

Edith Richardson  
Licensing Consultant

Date

Approved By:



2/8/19

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Ardra Hunter  
Area Manager

Date