



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 19, 2019

Salento Ludy
Lisa Ludy
Applewood Residential Care LLC
29101 Campbell
Warren, MI 48093

RE: Application #: AS500382190
Applewood Residential Care LLC
29101 Campbell
Warren, MI 48093

Dear Mr. & Mrs. Ludy:

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 5 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 blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 835-6827

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500382190
Applicant Name:	Applewood Residential Care LLC
Applicant Address:	29101 Campbell Warren, MI 48093
Applicant Telephone #:	(586) 995-6029
Administrator/Licensee Designee:	Salento Ludy & Lisa Ludy
Name of Facility:	Applewood Residential Care LLC
Facility Address:	29101 Campbell Warren, MI 48093
Facility Telephone #:	(586) 510-4558
Application Date:	03/30/2016
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

03/30/2016	Enrollment
03/30/2016	Contact - Document Sent Rules & Act booklets
03/30/2016	Application Incomplete Letter Sent Livescan Requests
05/18/2016	Contact - Document Received Livescan requests
06/08/2016	Contact - Document Received Licensing file received from Central office
07/28/2016	Application Incomplete Letter Sent
05/11/2018	Inspection Completed On-site
05/11/2018	Inspection Completed-BCAL Sub. Compliance
05/14/2018	Application Incomplete Letter Sent 2nd application incomplete letter sent for outstanding documents that still need to be submitted and/or corrected.
05/21/2018	Technical Assistance Met with applicants at local Clinton Twp. office and provided technical assistance with licensing application documents/paperwork.
10/29/2018	Contact - Document Received Received required licensing documents from licensee Mrs. Ludy.
11/30/2018	Inspection Completed On-site Final onsite inspection.
02/26/2019	Application Complete/On-site Needed
02/26/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-family brick ranch-style home. The home is not wheelchair accessible. The home is in a residential neighborhood in Warren, a suburb north of the city of Detroit. The home and community are serviced by public water and sewage

systems. Medical, educational, and social resources are located within proximity to the home in the surrounding community.

Applewood Residential Care features an interconnected smoke detection. Fire extinguishers have been installed and mounted as required in the home. The home is heated by a gas, forced-air heating system located within the basement of the home with a solid-core door equipped with a self-closing device as required by R400.14511. The home also features central air conditioning. The facility’s heating, cooling, and electrical systems have been inspected by qualified inspectors and certified as being in good operating condition.

The living room area is located off the front entrance. The residents’ dining and sitting area is shared with the common area. The laundry room is located downstairs in the basement. The home features two bathrooms with one full bath in the hallway by the bedrooms. I measured all the community living space and bedrooms within the home to determine occupancy limits.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	9’10” x 10’	98 sq. ft.	1
Bedroom #2	13’3” x 9’4” plus 2’10” x 4’2”	135 sq. ft.	1
Bedroom #3	8’10” x 13’7”	120 sq. ft.	1
Bedroom #4	15’2” x 11’ plus 2’7” x 3’4”	175 sq. ft	2

Total capacity: 5

The living room, dining room, and sitting room areas measure a total of **644** 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 five (5) residents per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Applewood Residential Care LLC submitted an original application for licensure on March 2016. The intended population is male and female adults 55 years of age or older who require foster care due to being aged, developmentally disabled, and Alzheimer’s in a least restrictive environment possible. The facility is unable to accommodate any individual that may use a wheelchair at this time.

Applewood Residential Care is committed to providing quality, compassionate care to the residents by having trained and caring employees who will be respectful, responsive, and sensitive in helping each resident obtain and maintain the highest quality of life. Applewood Residential Care will provide full assistance with personal care and daily activities, medication management, meals, daily housekeeping and laundry services, 24-hour monitoring for safety and responding to health needs to coordinate medical care. Applewood Residential Care will also meet the needs of their residents that have been identified with Alzheimer's by coordinating with medical professionals and with the family/legal guardians. The staff will be trained to help encourage social engagement programs and promote interaction to assist in the residents staying engaged and active in everyday life. Applewood Residential Care will incorporate a daily program routine for the residents that will be organized in a structured manner for their residents in care.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

C. Applicant and Administrator Qualifications

The applicant is Applewood Residential Care and was established in Michigan on July, 2014. 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 Applewood Residential Care has submitted documentation appointing Salento Ludy & Lisa Ludy as Licensee Designees for this facility. Mr. Ludy has been working as a direct caregiver and home manager in group home settings for five years. Mr. Ludy is also trained as a Patient Care Technician and Nurse Assistant. Mrs. Ludy has worked as a Health Care Administrator of a State of Michigan Proprietary School for 15 years and also worked as a Professional Guardian for five years overseeing individuals with mental illness, developmental disability, physically disabled, and aged.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Ludy & Mrs. Ludy. Mr. Ludy & Mrs. Ludy submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Ludy & Mrs. Ludy provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 5-bed facility is adequate and includes 1-2 staff to 5 residents per day and afternoon shifts, as well as midnight shifts, depending on the needs of the residents. All staff shall be awake during sleeping hours.

Salento Ludy & Lisa Ludy, the licensee designees, acknowledge 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, Mr. Ludy & Mrs. Ludy acknowledges 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 the documents contained within each employee's file. Mr. Ludy & Mrs. Ludy acknowledge 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 as required with Rules 400.14204 and 400.14208.

Mr. Ludy & Mrs. Ludy acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee record to demonstrate compliance.

Mr. Ludy & Mrs. Ludy acknowledge 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, Mr. Ludy & Mrs. Ludy have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication required with Rules 400.14312.

Mr. Ludy & Mrs. Ludy acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Ludy & Mrs. Ludy indicated that it is their intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Mr. Ludy & Mrs. Ludy acknowledge 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. Mr. Ludy & Mrs. Ludy have 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 per Rules 400.14311.

Mr. Ludy & Mrs. Ludy acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Mr. Ludy & Mrs. Ludy acknowledge their responsibility to obtain all 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, Mr. Ludy & Mrs. Ludy acknowledge their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file consistent with Rule 400.14316(1)(a) through (2).

Mr. Ludy & Mrs. Ludy acknowledge their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

D. Rule/Statutory Violations

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (6 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

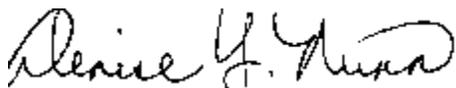


2/27/2019

Linda Pavlovski
Licensing Consultant

Date

Approved By:



03/19/21019

Denise Y. Nunn
Area Manager

Date