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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 28, 2019

Myraflor Sanchez
AMSanchez LLC
43619 Via Antonio Drive
Sterling Heights, MI 48314

RE: Application #: AS500394490
Ohana Group Living
39849 Crystal Drive
Sterling Heights, MI 48310

Dear Ms. Sanchez:

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 that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500394490
Licensee Name:	AMSanchez LLC
Licensee Address:	43619 Via Antonio Drive Sterling Heights, MI 48314
Licensee Telephone #:	(586) 354-4102
Administrator/Licensee Designee:	Myraflor Sanchez
Name of Facility:	Ohana Group Living
Facility Address:	39849 Crystal Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 354-4103
Application Date:	06/05/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

06/05/2018	On-Line Enrollment
06/08/2018	Contact - Document Sent Rule & Act booklets
07/03/2018	Contact - Document Received App; IRS ltr; rec cl, RI-030 for Myraflor; BCHS-AFC 100 for Ariel (Admin)
07/10/2018	Contact - Document Received E-mail from Myraflor to add her as Administrator
07/17/2018	Contact - Document Received Licensing file received from Central office
07/19/2018	Application Incomplete Letter Sent
11/16/2018	Contact - Telephone call received TC from Ms. Sanchez. Scheduled onsite investigation.
12/04/2018	Contact - Document Received Email to and from Ms. Sanchez. Received permission to inspect.
12/05/2018	Inspection Completed On-site Received binder containing licensing documents requested.
12/05/2018	Contact - Document Sent Email to and from Ms. Sanchez. Received copy of bank statement and Master's degree.
12/17/2018	Inspection Completed On-site Follow up inspection
01/08/2019	Contact- Document Sent Email to Ms. Sanchez
01/08/2019	Contact- Document Received Received copy of resume from Ms. Sanchez by email
01/09/2019	Contact- Document Sent Email to Ms. Sanchez
01/10/2019	Contact- Document Received Received updated copy of program statement from Ms. Sanchez by email.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

A. Physical Description of Facility

Ohana Group Living is a small adult foster care home located in Sterling Heights, MI. The home will accept six residents. The licensee for the home is AMSanchez LLC. Ms. Myraflor Sanchez will act as the licensee designee and administrator for the home. A copy of a tax statement was provided. The home is owned by Myraflor Sanchez and her husband, Ariel Sanchez. Ms. Sanchez provided a copy of a lease agreement as the LLC will lease the home. A signed letter was provided from Mr. and Mrs. Sanchez giving permission to inspect.

Ohana Group living has a living room, receiving area, dining room, three bedrooms, one resident bathroom, and laundry room. The home has a basement that will not be used by residents. The dining room offers seating for six residents. The dining room and living room offer a total of 499 square feet of living space which meets the required square feet per person for six residents.

The three bedrooms in the facility are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'7" X 11'9"	147	2
2	11'6" X 12'7"	144	2
3	11'6" X 15'	172	2

Total capacity: 6

All three bedrooms have adequate space, bedding and storage. All bedrooms have a twin-size beds, chair, dressers, window and mirror. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation. The facility is wheel chair assessable. There are ramps located in the front and back of the home.

Ohana Group Living has city water and sewer. The water temperature was measured with a digital thermometer and found to be between 105-120 degrees Fahrenheit. The bathroom and bedrooms doors have non-locking against egress hardware. The home has hard wired smoke detectors with battery back up and a fire extinguisher on each floor. The dryer has a metal dryer vent. A new furnace was installed in the home on 12/16/2018. There is a fire door leading to the furnace in the basement.

B. Program Description

Ohana Group Living's program statement indicates that they will provide care for residents who are aged, physically handicapped and/or residents who have Alzheimer's and dementia. The home will not provide care for TBI residents. The home will provide care for residents in an assisted and supervised environment. The home will promote independence, maximum function and personal dignity for residents. Ohana Group Living is able to care for residents that are reliant upon wheelchairs. Activities will be provided in the home including family visits, group exercise, board games and adult day services. Personal care in the home will include assistance with food preparation, eating and feeding, toileting, medication and nutritional routines, bathing, grooming, dressing transferring and ambulation assistance.

Ohana Group Living will provide 24-hour care and supervision. A copy of the staffing pattern for the facility was provided. There will be two staff on day shift from 7:00 am-7:00 pm and one staff on night shift from 7:00 pm-7:00 am.

Ms. Myraflor Sanchez will act as the licensee designee and administrator for Ohana Group Living. Ms. Sanchez has been fingerprinted and submitted a medical statement dated 06/27/2018. The medical statement indicates that Ms. Sanchez does not have any physical/mental conditions that would limit her ability to work with or around dependent adults. Her medical statement also indicates that her TB test was negative. Ms. Sanchez is licensed Nurse Anesthetist. She provided a copy of her license. She received her Master of Science degree in Anesthesia from Wayne State University in 2015. She received her bachelor's degree in registered nursing in the Philippines in 1999. She moved from the Philippines to the United States in 2001. Ms. Sanchez began working at Henry Ford Hospital as a nurse in 2012 and as a Nurse Anesthetist in 2015. She worked at Omni Continuing Care in Detroit, MI from 2001-2003 as a staff nurse and staff development coordinator which was a management position. She provided care for residents who were elderly, aged and had Alzheimer's and dementia as well as providing infection control. Ms. Sanchez provided verification of completion of the Pre-License Preparation for Adult Foster Care Group Homes- Michigan provided by Direct Care Training in 2018. Ms. Sanchez's husband, Ariel Sanchez, will act as the designated person for the home.

C. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend that the department issue a temporary license to this small group adult foster care home, Ohana Group Living, with a capacity of six (6) residents.

Kristine Cilluffo

01/10/2019

Kristine Cilluffo
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

01/28/2019

Denise Y. Nunn
Area Manager

Date