



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 27, 2019

Nola DeVougas  
43398 Rivergate Drive  
Clinton Twp, MI 48038

RE: Application #: AF500398811  
**Guardian Angel Adult Family Home**  
**40274 Vincenzia Drive**  
**Clinton Township, MI 48038**

Dear Ms. DeVougas:

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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

enclosure

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

**I.IDENTIFYING INFORMATION**

<b>License #:</b>	AF500398811
<b>Applicant Name:</b>	Nola DeVougas
<b>Applicant Address:</b>	40274 Vincenzia Drive Clinton Township, MI 48038
<b>Applicant Telephone #:</b>	(586) 453-4921
<b>Administrator/Licensee Designee:</b>	Nola DeVougas
<b>Name of Facility:</b>	Guardian Angel Adult Family Home
<b>Facility Address:</b>	40274 Vincenzia Drive Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 453-4921
<b>Application Date:</b>	03/15/2019
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODOLOGY

03/15/2019	Enrollment
03/18/2019	PSOR on Address Completed
03/18/2019	Contact - Document Sent Rule & Act booklets
03/18/2019	Application Incomplete Letter Sent App - remove LLC; 1326A, FPs, RI-030 for Nola; AFC 100 for Steven
03/26/2019	Contact - Document Received 1326's & RI-030's for Nola & Steven
03/27/2019	Lic. Unit file referred for background check review Nola (owner).
03/28/2019	Contact - Document Received App - Corrected
04/02/2019	Contact - Document Received Licensing file received from Central office
04/24/2019	Application Incomplete Letter Sent I sent via email PDF.
05/17/2019	Application Complete/On-site Needed I received documents from Application Incomplete letter via mail.
05/21/2019	Inspection Completed On-site
05/22/2019	Document- Sent Confirming letter sent.
06/13/2019	Inspection Completed On-site
06/19/2019	Contact – Document Sent I emailed the licensing unit regarding the member of the household fingerprints not completed.
06/26/2019	Inspection completed BCAL Full compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Guardian Angel Adult Family Home is in Clinton Township, MI. The home is in a residential area and is a one-story brick ranch home. The home features three bedrooms and three full baths. The home has a dining room, family room and living room. The laundry room is on the first floor. The home has a two-car garage, fenced yard, patio and porch. The home is wheelchair accessible.

Guardian Angel Adult Family home is built on a basement. The furnace and hot water heater are located in the basement with a 1¾ -inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are installed on each floor of the home.

The home has public water and sewage. The home is equipped with forced air, natural gas heating and water. The home has central air and ceiling fans for cooling.

Guardian Angel Adult Family Home is in the Chippewa Valley School district. The home is close to supermarkets, hospitals, recreation/parks, churches and restaurants/entertainment. The home is nearby to hospitals Henry Ford Macomb, Mount Clemens Regional Medical Center and St. John Macomb Hospital.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19.11 x 11.1	220.7	2
2	13 x 10.2	132.17	1
3	14 x 11.6	161	2

**Total capacity: 5**

The kitchen, dining, and living room areas measure a total of 878.86 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. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and/or non-ambulatory residents, whose diagnosis is aged, Alzheimer's, developmentally disabled, mentally ill and physically handicapped.

The home accepts male and female residents ages 21-99. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

Guardian Angel Adult Family Home provides respite care, transportation and activities on and off-site. The home provides a higher level of care that includes preparing meals, housekeeping, medication management and laundry. Guardian Angel Adult Family Home is designed to bridge the gap between independent living and nursing home facilities.

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.

Guardian Angel Adult Family Home provides care for the Alzheimer's population and has safeguards for wandering and caregivers that are trained in handling dementia behaviors. The home is in a family-like setting with private and semi-private rooms.

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.

Guardian Angel Adult Family Home duty is to ensure the health, safety, dignity and rights to each resident in a supportive family environment. Guardian Angel Adult Family Home services are directed toward the goals of assisting, teaching and supporting each resident to provide quality home assistance, sense of well-being, high self-esteem and individual independence.

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

The applicant, Nola B. De Vougas has a Bachelor of Science degree in Nursing and is a State of Michigan licensed Registered Nurse with 31 years' experience. Mrs. De Vougas is currently an observation unit charge nurse at Henry Ford Macomb Hospital. Mrs. De Vougas has several health care certifications such as the American Heart Associate Health Care Provider, Telemetry, Intravenous Therapy, Advanced Cardiovascular Life Support and Rapid Recovery. Mrs. De Vougas is proficient in cardiac/chronic heart failure, diabetes, infection control, case management care plan creation/administration, patient/family education, geriatrics, wound care, urology, medical surgical, respiratory and patient care.

A licensing record clearance request was completed with no LEIN convictions recorded for Nola B. De Vougas. Nola B. De Vougas, responsible person and member of the

household submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Nola B. De Vougas has 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.

Nola B. De Vougas 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 (5) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

Nola B. De Vougas acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Nola B. De Vougas 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.

Nola B. De Vougas acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. De Vougas 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.

Nola B. De Vougas acknowledges their responsibility to 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, Nola B. De Vougas 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.

Nola B. De Vougas 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.

Nola B. De Vougas 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.

Nola B. De Vougas acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Nola B. De Vougas indicated that it is their intent to achieve and maintain compliance with these requirements.

Nola B. De Vougas 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. Nola B. De Vougas 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.

Nola B. De Vougas acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Nola B. De Vougas 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, Nola B. De Vougas 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.

#### **IV. Rule/Statutory Violations**

Nola B. De Vougas was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).



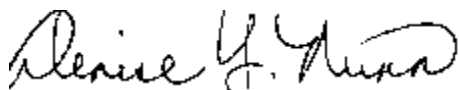
06/26/2019

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LaShonda Reed  
Licensing Consultant

Date

Approved By:



06/27/2019

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Denise Y. Nunn  
Area Manager

Date