



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 4, 2019

Sandramay Prohm
22743 Quinn Rd
Clinton Township, MI 48035

RE: Application #: AF500397014
Astorre Homes
22743 Quinn Rd
Clinton Township, MI 48035

Dear Ms. Prohm:

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 #:	AF500397014
Licensee Name:	Sandramay Prohm
Licensee Address:	22743 Quinn Rd Clinton Township, MI 48035
Licensee Telephone #:	(586) 610-9827
Administrator/Licensee Designee:	N/A
Name of Facility:	Astorre Homes
Facility Address:	22743 Quinn Rd Clinton Township, MI 48035
Facility Telephone #:	(586) 610-9827
Application Date:	10/29/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/29/2018	On-Line Enrollment
10/30/2018	PSOR on Address Completed
12/14/2018	Contact - Document Received App; cl & RI-030 for Sandramay; AFC100 for Mentora
01/02/2019	Contact - Document Received Pg 2 #49 completed
01/07/2019	Contact - Document Received Licensing file received from Central office
02/01/2019	Application Incomplete Letter Sent
05/23/2019	Contact - Document Received Email from applicant. Waiting for permission to inspect. Sent return email.
05/24/2019	Contact - Document Sent Email to Applicant
08/06/2019	Contact - Telephone call received TC from Ms. Prohm
08/07/2019	Contact - Document Received Received permission to inspect letter by email.
08/16/2019	Inspection Completed On-site Completed onsite inspection with Sandramay Prohm and Landlord, Patricia Hancock
08/19/2019	Contact - Document Received Received email from Ms. Prohm with population and experience information.
08/20/2019	Contact - Document Sent Email to Sandramay Prohm
08/20/2019	Contact - Document Received Email from Ms. Prohm with corrections made to home. Door handle and door.
08/27/2019	Contact - Document Sent Email to Sandramay Prohm

09/05/2019	Contact - Document Received Email to and from Sandramay Prohm
09/06/2019	Contact - Document Received Email from Sandramay Prohm with income verification. Sent return email.
09/09/2019	Contact - Document Received Received email from Ms. Prohm with income verification.
09/10/2019	Contact - Document Sent Email to Ms. Prohm
09/23/2019	Contact - Document Sent Email to and from Sandramay Prohm. Received copy of ID by email.
10/01/2019	Contact- Document Sent Email to Sandramay Prohm
10/03/2019	Contact- Telephone call made TC to Sandramay Prohm. Unable to leave message. Received return call.
10/03/2019	Contact- Document Sent Email to Sandramay Prohm

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This 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 licensure of adult foster care family homes (1-6), licensed or proposed to be licensed after 09/15/1984.

A. Physical Description of Facility

Astorre Homes is a two-story adult foster care family home located in Clinton Township, MI. The home has a capacity of six residents. The home has city water and sewer. Parking is available in the front of the home. Sandramay Prohm is the licensee. The home is owned by Patricia Hancock and a copy of the residential lease agreement between Ms. Hancock and Ms. Prohm was received. A signed letter was received from Ms. Hancock giving permission to inspect the home for the purposes of licensing.

Astorre Homes has a living room, dining room, kitchen, four resident bedrooms, two staff bedrooms, two bathrooms and basement. The basement has a bathroom that will

not be used by residents. The living room and dining room offer a total of 401 square feet of living space which meets the required 35 square feet of living space for 6 residents.

The four bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'10" x 11'2"	132	1
2	12'11" x 15'3"	196	2
3	13'8" x 2'9"	174	2
4	13'7" x 9'3"	125	1

Total capacity: 6

All four bedrooms have adequate space, bedding and storage. The furnace is located in the basement. There is a self-closing fire door off of the kitchen leading to the basement. A furnace inspection was completed by S & P Heating and Cooling on 05/02/2019. The home has hard wired smoke detectors with battery backup that are monitored by ADT. There is a fire extinguisher located on each floor of the home. Medications will be kept in a locked cabinet in the hallway on first floor. The bedroom and bathroom doors are equipped with non-locking against egress hardware. The water temperature was measured with a digital thermometer and found to be between 105- and 120-degrees Fahrenheit. The home is not wheelchair assessable. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

B. Program Description

Astorre Homes will have a capacity of six (6) residents. Licensee Sandramay Prohm stated that she will be the only household member. The home will only accept ambulatory residents as the home is not wheelchair accessible. Ms. Prohm would like to accept residents ages 40-65 that are developmentally disabled, mentally ill or have mild Alzheimer's, and who can complete daily routines such as personal hygiene. Residents will participate in recreation and activities that include grocery shopping, attending church, parks, library and attending workshop. Ms. Prohm has a van that can be used to transport residents. Ms. Prohm provided a copy of her driver's license that lists Astorre Homes' address.

Sandramay Prohm provided a copy of floor plan, house rules and emergency procedures. Ms. Prohm stated that she has five years of experience caring for her grandfather with dementia. Ms. Prohm has been fingerprinted. She provided a medical statement dated 05/09/2019 which indicates that she has no physical/mental conditions or health problems that would limit her ability to work with our around dependent adults. Ms. Prohm had a negative TB test on 03/04/2019.

Ms. Prohm is currently employed and stated that her responsible person, Mentora Crayton will provide care in her absence. Ms. Crayton has been fingerprinted and had a clearance completed. A medical statement was provided for Ms. Crayton dated 04/19/2019. The medical statement indicates that a physical/mental condition or health problem exists that would not limit the ability to work with or around dependent adults. The doctor noted, "Patient has multiple medical issues but is receiving appropriate care".

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 adult foster care family home, Astorre Homes, with a capacity of six (6) residents.

The temporary license shall be in effect for a six-month period. Another licensing renewal will be conducted after six months.

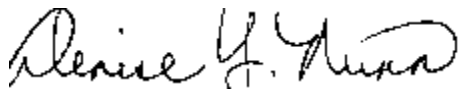


10/03/2019

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



10/04/2019

Denise Y. Nunn
Area Manager

Date