

RICK SNYDER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER DIRECTOR

May 18, 2015

Gabriel Ardelean 4105 Butternut Hill Drive Troy, MI 48098

RE: Application #: AF630360501

**Butternut Hill Senior Living North** 

4105 Butternut Hill Drive

Troy, MI 48098

Dear Mr. Ardelean:

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,

Stephanie A. Williams, Licensing Consultant

Bureau of Children and Adult Licensing

Exhanic William

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (586) 256-2097

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

# I. IDENTIFYING INFORMATION

License #:	AF630360501
License #:	AF030300301
Applicant Name:	Gabriel Ardelean
Applicant Address:	4105 Butternut Hill Drive
	Troy, MI 48098
	, , , , , , , , , , , , , , , ,
Applicant Telephone #:	(248) 930-3492
Applicant relephone ":	(240) 300 0432
Administrator/Liconego Docianos	N/A
Administrator/Licensee Designee:	IN/A
No C For 1116	D (1 (11710 : 1:: N (1
Name of Facility:	Butternut Hill Senior Living North
Facility Address:	4105 Butternut Hill Drive
	Troy, MI 48098
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Facility Telephone #:	(248) 930-3492
Application Date:	04/09/2014
Application bate.	04/03/2014
Consoitu	C
Capacity:	6
Program Type:	AGED
	ALZHEIMERS
	PHYSICALLY HANDICAPPED
	TRAUMATICALLY BRAIN INJURED

# II. METHODOLOGY

METHODOLOG	•
04/09/2014	Enrollment
04/14/2014	PSOR on Address Completed
04/14/2014	Application Incomplete Letter Sent Secretary of State update for Gabriel and Laura Ardelean.
04/14/2014	Contact - Document Sent Act and Rules.
04/22/2014	Application Complete/On-site Needed
04/22/2014	File Transferred To Field Office Pontiac.
04/24/2014	Contact - Document Received Received Licensing File from Central Office.
05/05/2014	Application Incomplete Letter Sent
07/02/2014	Contact - Document Received Supportive documents received.
08/16/2014	Contact - Document Received Email received from Ms. Ardelean.
08/18/2014	Contact - Document Sent Email sent to Ms. Ardelean.
08/19/2014	Contact - Telephone call received Spoke with Mrs. Ardelean.
08/25/2014	Inspection Completed On-site
08/25/2014	Inspection Completed-BCAL Sub. Compliance
01/07/2015	Inspection Completed-BCAL Sub. Compliance
01/07/2015	Application Incomplete Letter Sent Supportive documents needed for licensure.
01/15/2015	Contact - Document Received Supportive document received: Revised Household rules.
03/03/2015	Contact - Document Received Updated Medical Clearance received for licensee.

05/12/2015	Inspection Completed-BCAL Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single story ranch style brick dwelling with aluminum trim, situated on well-maintained front and back yard in Troy, a suburb north of the City of Detroit. The facility is owned by Mr. Gabriel Ardelean. The facility has a proposed occupancy of six adult foster care residents, the maximum occupancy permitted in an adult foster care family group home. The community is serviced by public water and sewage system. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. The facility is located on fully landscaped front and back yard. To service residents with mobility impairments, the facility is wheelchair accessible as the front egress door leads directly to firm-surfaced, unobstructed concrete which allows the occupant to move a safe distance away from the building as required by Rule 400.1439. The facility features heated floors throughout the home which is the main heating source and central air conditioning. The home has been hardwired for a furnace if the need arises. The master bedroom features a gas fireplace. A letter has been submitted by the licensee stating the fire place will not be used. Laundry facilities are located in the bathroom designated for family and visitors use on the first floor of the facility including a gas-dryer with a solid galvanized metal duct.

Emergency protocols and evacuation plans are posted as required by R 400.1438. The applicant had inspections of the home's heating and electrical systems completed by licensed contractors who certified that the systems were in good operating condition as of the time of inspection. A secured lock closet in the hallway has been identified to house the resident's medications.

The interior of the home includes a living room with an electric fireplace, five bedrooms, two full baths (bathroom#1 has wheelchair accessible shower stall with no bathtub), a kitchen, dining room, and first floor laundry and no basement. The fire alarms are interconnected throughout the home. All rooms in the facility are fully furnished. The dimensions, square footage, and capacity limits are as follow:

Living room	18' x 14' 8"	263.88 square feet	
Dining room	15'10" x 10'11"	172.86 square feet	
Total living space	e: 436.74 square feet		
Bedroom #1	11'3" x 9'4"	105 square feet	Capacity 1
Bedroom #2	11'4" x 13'3"	150.1 square feet	Capacity 2
Bedroom #3	11'3" x 11'6" plus	·	
	2'5" x 3'	136.7 square feet	Capacity 1
Bedroom #4	13'10" x 14'7"	201 square feet	Capacity 2

The square footage of community space is adequate for the facility to accommodate up to six AFC residents. There are five bedrooms in the home and one of the bedrooms has been identified as the master bedroom and will be used by the licensee. Based solely on square footage of the bedrooms, bedrooms #2, #3, and #4 each have the potential capacity of 2 residents and bedroom #1 has the capacity limit of one resident. Despite the potential bedroom capacity of 7 in the four bedrooms, this would exceed the allowable maximum of six residents in a family group home. The applicant has identified bedroom #1 and bedroom #3 as only accommodating one resident in each of these bedrooms.

R 400.1427 requires that at least 35 square feet of living space per occupant (residents and household members) be contained in the home. The living space total for the living room, dining room, and family room is 436.74 square feet, meeting and exceeding the rule requirement for a facility licensed for six residents and two household members as proposed. R 400.1432 requires a minimum of 65 square feet of usable floor space per bed; each of the four bedrooms provides for the square footage required by rule.

#### **B. Program Description**

Mr. Gabriel Ardelean has applied for licensure to provide adult foster care to a maximum of six adults either male or female. Mr. Ardelean will accept the following population aged, Alzheimer's, physically handicapped and traumatically brain injured. This is Mr. Ardelean's second adult foster care facility. Mr. Ardelean currently has a licensed family group home (AF630311653) licensed 04/16/2012. An application has been submitted (AS630360654) to have the current licensed family group home licensed as a small adult foster care facility. This family group home and the proposed small group home will be simultaneously licensed on the same day to allow for Mr. Ardelean to operate the family group home. The family group home is located a few doors down from the proposed small group home.

An Adult Foster Care Licensing Record Clearance has been completed as to Mr. Ardelean and his wife who has been identified as the individual he has designated as the responsible person during times he is absent from the facility. Mr. and Mrs. Ardelean, and also submitted a medical clearance with proof of tuberculosis testing as required.

Technical assistance has been provided to Mr. Ardelean to assist him with complying with statutory and rule requirements for the maintenance of the facility, resident records and employee records. This technical assistance included a review of requirements pertaining to the handling and accounting of resident funds and for compliance with statutory requirements (Section 400.734b of Public Act 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

# C. Rule/Statutory Violations

At the time of the final inspection, the facility was found to be in compliance with all applicable rules and statutes.

# IV. RECOMMENDATION

Area Manager

I recommend issuance of a temporary license to this AFC adult family home (capacity 6).

Tephanic William	05/13/2015
Stephanie A. Williams Licensing Consultant	Date
Approved By:	
Denie G. Hunn	05/18/2015
Denise Y. Nunn	Date