



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 24, 2020

Daniel Iacoban  
47855 Seven Mile Rd.  
Northville, MI 48167

RE: Application #: AF820401371  
**Danielas Place LLC**  
**47855 Seven Mile Rd.**  
**Northville, MI 48167**

Dear Mr. Iacoban:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AF820401371                                  |
| <b>Licensee Name:</b>                   | Daniel Iacoban                               |
| <b>Licensee Address:</b>                | 47855 Seven Mile Rd.<br>Northville, MI 48167 |
| <b>Licensee Telephone #:</b>            | (734) 788-7376                               |
| <b>Administrator/Licensee Designee:</b> | N/A  |
| <b>Name of Facility:</b>                | Danielas Place LLC                           |
| <b>Facility Address:</b>                | 47855 Seven Mile Rd.<br>Northville, MI 48167 |
| <b>Facility Telephone #:</b>            | (248) 773-7522<br>08/27/2019                 |
| <b>Application Date:</b>                |  |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | ALZHEIMERS<br>AGED                           |

## II. METHODOLOGY

|            |  |
|------------|--|
| 08/27/2019 | On-Line Enrollment   |
| 08/28/2019 | Contact - Document Sent<br>Forms Sent                                    |
| 09/24/2019 | Contact - Document Received<br>afc 100, ri030, fps, 1326, med clr and TB |
| 10/01/2019 | Application Incomplete Letter Sent                                       |
| 11/08/2019 | Inspection Completed On-site   |
| 11/08/2019 | Inspection Completed-BCAL Sub. Non-Compliance                            |
| 11/08/2019 | Contact - Document Received<br>Enrollment documents                      |
| 12/27/2019 | Contact - Document Received<br>Enrollment documents                      |
| 01/13/2020 | Comment<br>Verification of repairs received.                             |
| 01/13/2020 | Application Complete/On-site Needed                                      |
| 01/13/2020 | Inspection Completed-BCAL Full Compliance                                |
| 02/15/2020 | Contact - Document Received  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in a residential area in Northville, MI. The red brick ranch style home has a living room, dine-in kitchen, additional dining area, three bedrooms, two full bathrooms. The home has a full basement with living space including a living room, family room, kitchen, three bedrooms and full bathroom designated for the licensee and family. The home has an attached garage and open backyard.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

The living and dining room areas measure a total of 356 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

#### Resident bedrooms

| <b>Bedroom</b> | <b>Room Dimensions</b> | <b>Square Footage</b> | <b>Resident Beds</b> |
|----------------|------------------------|-----------------------|----------------------|
| North Bedroom  | 10.33 x 14.08          | 145                   | 2                    |
| South Bedroom  | 13.58 x 12.17          | 165                   | 2                    |
| South Bedroom  | 10.25 x 11.75          | 120                   | 1                    |

The applicant has requested a license for 6 residents and based on the above information can accommodate 5 residents.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) semi-ambulatory to non-ambulatory male and female adults whose diagnosis is aged, physically handicapped or alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs. The home is wheelchair accessible and will accept residents who are semi-ambulatory to non-ambulatory.

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.

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.

### **C. Rule/Statutory Violations**

Daniel Iacoban is the applicant. The applicant lives in the home his sister. The applicant has designated a responsible person who can be available to supervise the residents in his absence.

Criminal background checks on the applicant and responsible person and members of the household were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant, responsible person and members of the household submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of residents as evidenced by the projected income from caring for AFC residents along with his current outside employment.

The applicant acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledges 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. The applicant has 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicants.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day discharge notice.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home capacity (5).



2/20/2020

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Denasha Walker  
Licensing Consultant

Date

Approved By:



2/24/2020

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Ardra Hunter  
Area Manager

Date