



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 12, 2020

Ligia Grozav
1150 S Baldwin Rd
Lake Orion, MI 48360

RE: Application #: AS630400957
Addison-Oaks Manor
597 Kline Rd
Oakland, MI 48363

Dear Ms. Grozav:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630400957
Applicant Name:	Ligia Grozav
Applicant Address:	1150 S Baldwin Rd Lake Orion, MI 48360
Applicant Telephone #:	(248) 935-8874
Administrator/Licensee Designee:	Ligia Grozav
Name of Facility:	Addison-Oaks Manor
Facility Address:	597 Kline Rd Oakland, MI 48363
Facility Telephone #:	(248) 212-3579
Application Date:	08/05/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

08/05/2019	Enrollment
08/05/2019	Inspection Report Requested - Health
08/05/2019	Application Incomplete Letter Sent 1326 & RI030 for Ligia
08/19/2019	Contact - Document Received 1326 for Ligia
09/18/2019	Contact - Document Received Licensing file received from Central office
10/16/2019	Application Incomplete Letter Sent
01/10/2020	Inspection Completed-Env. Health: A
02/10/2020	Application Complete/On-site Needed
02/19/2020	Inspection Completed On-site
02/19/2020	Inspection Completed-BCAL Sub. Compliance
02/25/2020	Corrective Action Plan Received
02/25/2020	Corrective Action Plan Approved
03/04/2020	Inspection Completed-BCAL Full Compliance

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 governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Addison-Oaks Manor is a large ranch located in the rural area of Oakland, Michigan in Oakland County. The neighborhood is characterized with similar structures on large parcels of land. The facility is located within four miles of convenient neighborhood shopping outlets and strip malls in the area. The home has six bedrooms. In addition to the bedrooms, the home has a kitchen, dining room, living room and office. There are three bathrooms to accommodate the residents and staff. The home is wheelchair accessible and has two approved means of egress that is equipped with a ramp from

the first floor. Addison-Oaks Manor is served by private water and private sewer system. An Environmental Health Inspection was conducted on 01/10/2020 by the Oakland County Division Sanitarian giving the facility a substantial compliance rating for the sewer system.

The furnaces and hot water heaters are located in the basement, with adequate fire safety enclosure. There is no entrance into the basement from the inside of this home; therefore, residents do not have access to the basement. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.10 x 11.01	164	1
2	13.04 x 10.11	145	1
3	10.06 x 10.02	107	1
4	11.03 x 10.06	118	1
5	11.05 x 9.11	113	1
6	11.04 x 9.11	112	1

Total capacity: 6

The indoor living, dining and office areas measure a total of **745** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Grozav intends to provide 24-hour supervision, protection and personal care to **6** male and/or female residents who are aged, developmentally disabled, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, personal adjustment, and public safety. Ms. Grozav intends to accept referrals and has contracted with Next Step for Seniors, Parents Changing Spaces, Helping Hands Housing Solutions and Care Patrol. The applicant also intends to accept residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents. Ms. Grozav intends to utilize Loving Touch for transportation.

C. Applicant and Administrator Qualifications

Ms. Grozav 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 already having an established AFC home called, A Loving Heart that has been providing services to the same population for over four years.

The applicant is Addison-Oaks Manor, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 07/29/2019. Ms. Grozav submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Ms. Grozav is the sole member of Addison-Oaks Manor, L.L.C. and will be the licensee designee and the administrator of the facility.

Criminal history background check of Ms. Grozav was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Grozav submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Grozav has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Grozav has been providing services to this population for over eight years and five of those years as a licensee designee.

The staffing pattern for the original license of this **6-bed** facility is adequate and includes a minimum of 2 staff for 6 residents per morning and afternoon shift and 1 staff for midnight shift. Ms. Grozav acknowledged that the staff to resident ratio may need to be decreased 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. Ms. Grozav has indicated that direct care staff will be awake during sleeping hours.

Ms. Grozav acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Grozav acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Grozav acknowledge 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) and the related documents required to demonstrate compliance.

Ms. Grozav acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Ms. Grozav 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.

Ms. Grozav acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Grozav acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Ms. Grozav acknowledge 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.

Ms. Grozav acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Grozav acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Grozav 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 residents personal money transactions that have been agreed to be managed by the applicant.

Ms. Grozav acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Grozav indicated the intent to respect and safeguard these resident rights.

Ms. Grozav acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Grozav acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

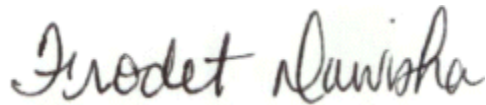
Ms. Grozav acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this AFC adult small group home capacity of 6.

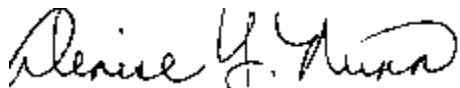


03/12/2020

Frodet Dawisha
Licensing Consultant

Date

Approved By:



03/12/2020

Denise Y. Nunn
Area Manager

Date