



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 17, 2020

Marcel Elanjian, D.O., PLLC
2151 Monroe Street
Dearborn, MI 48124

RE: Application #: AS820399540
The Zabelle Home
651 Woodcrest
Dearborn, MI 48124

Dear Marcel Elanjian, D.O., PLLC:

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 that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820399540
Applicant Name:	Marcel Elanjian, D.O., PLLC
Applicant Address:	2151 Monroe Street Dearborn, MI 48124
Applicant Telephone #:	(313) 375-7126
Administrator/Licensee Designee:	N/A
Name of Facility:	The Zabelle Home
Facility Address:	651 Woodcrest Dearborn, MI 48124
Facility Telephone #:	(313) 561-6060
Application Date:	04/29/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/29/2019	Enrollment
05/03/2019	Application Incomplete Letter Sent 1326, RI-030, and FP for Marcel. 100 for Tanya.
05/31/2019	Contact - Document Received 100 for Tanya Clemons.
05/31/2019	Lic. Unit file referred for background check review Given to Candace. Tanya Clemons admin. has ICHAT hit.
06/13/2019	Application Incomplete Letter Sent
09/12/2019	Inspection Completed On-site
09/12/2019	Inspection Completed-BCAL Sub. Compliance
11/12/2019	Contact - Document Received Email from Dr. Elanian.
11/12/2019	Contact - Document Sent Email response to Dr. Elanjian.
11/21/2019	Contact - Document Sent Email to Dr. Elanjian to schedule follow up inspection.
12/17/2019	Inspection Completed On-site
12/17/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Dearborn, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has an attached two car garage. The facility has a living area, a den, a dining room, kitchen, three resident bedrooms, two full resident bathrooms, and a basement. The facility has wheelchair ramps at the front and back exits and is wheelchair accessible. The facility utilizes city water and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a fire door located at the top of the stairway. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedroom hallway and in the basement and stairway. The facility is equipped with fire extinguishers which are located on each level of the facility.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	14'1" X 12'9"	179.52	2 Residents
Bedroom # 2	13'11" X 11'9"	163.56	2 Residents
Bedroom # 3	13'11" X 11'9"	153.56	2 Residents
Living Room	18'2" X 14' 0" 14'0" X 10' 0"	394.38	
Den	19'42" X 9'42"	182.93	

The living areas measure a total of 394.38 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 six (6) residents.

The facility is wheelchair assessible.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept individuals who are Post Traumatic Brain injury patients. The facility will teach and reinforce skills of daily living with residents along with other rehabilitation services. The facility will provide the residents with the opportunity to participate in recreational and social activities in the home as well as making use of resources in the community. The facility is wheelchair accessible and will accept residents who are semi-ambulatory but may require the use of a wheelchair at times.

C. Applicant and Administrator Qualifications

The applicant is Marcel Elanjian, D.O., PLLC, a Domestic Professional Limited Liability Company established on 6/12/2001. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from his employment as a doctor.

Marcel Elanjian, D.O., PLLC is the licensee designee for the facility. A criminal history clearance was completed on 5/31/2019 for Dr. Elanjian and no criminal convictions were found. Dr. Elanjian submitted a medical clearance dated 4/18/2019 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Dr. Elanjian.

Tanya Clemons is the administrator for the facility. A criminal history clearance was completed on 5/31/2019 for Ms. Clemons and no criminal convictions were found. Ms. Clemons submitted a medical clearance dated 4/18/2019 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Clemons.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Dr. Elanjian has over 35 years of experience working as a doctor and working with individuals with traumatic brain injuries and physical disabilities. Ms. Clemons has over 4 years of experience working as a case manager and direct care staff with individuals with traumatic brain injuries and physical disabilities. Ms. Clemons also provided documentation of additional training completed through the Direct Care Training Resources Center.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

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

The applicant 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 or licensee designee will administer medication to residents. In addition, the applicant 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.

The applicant t 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, the applicant 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 up the retention schedule for those documents contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends 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 applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

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

The applicant 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.

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

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

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

 3/16/2020

Andrea Green Date
Licensing Consultant

Approved By:

 3/17/2020

Ardra Hunter Date
Area Manager