



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 23, 2020

Sweetie Rozario and Subir Croze
13069 Blueberry Lane
Holland, MI 49424

RE: Application #: AF700403448
Synthia AFC Care
13069 Blueberry Lane
Holland, MI 49424

Dear Sweetie Rozario and Subir Croze:

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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF700403448
Applicant Name:	Sweetie Rozario and Subir Croze
Applicant Address:	13069 Blueberry Lane Holland, MI 49424
Applicant Telephone #:	(313) 455-1930
Administrator/Licensee Designee:	N/A
Name of Facility:	Synthia AFC Care
Facility Address:	13069 Blueberry Lane Holland, MI 49424
Facility Telephone #:	(313) 455-1930
Application Date:	02/07/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL, ALZHEIMERS AGED, TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/07/2020	Enrollment
02/11/2020	PSOR on Address Completed
02/11/2020	Contact - Document Sent Rule & ACT Books
02/11/2020	Application Incomplete Letter Sent Add'l \$25 & RI 030 for Sweety & Subir
02/24/2020	Contact - Document Received \$25.00 ck# 155 and RI 030's for Subir Croze & Sweety Rozario
02/27/2020	File Transferred to Field Office Grand Rapids
03/16/2020	Application Complete/On-site Needed
03/20/2020	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Synthia AFC Care is located at 13069 Blueberry Lane, Holland, (Ottawa County), Michigan, 49424. The home is owned by Sweety Rozario and Subir Croze, and the Warranty Deed was submitted by him to the Licensing Consultant and is kept in the file for this home.

The home has a main floor and a finished basement. There are three bedrooms, a full bath, living room, dining area, and a utility room in the basement, where the residents will reside. The bedrooms in the basement are at least 50% above grade. The home is not wheelchair accessible. This home utilizes public water and sewage services. The home has a two-car attached garage.

Part of the ceiling in the basement, the residents' living area, has a drop ceiling that contains tiles that have been rated Class A material, meeting the fire safety requirement. A document supporting this is kept in the file.

The hot water heater, furnace, washer and dryer are located in the utility room in the basement which is equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was tested upon the final inspection on 03/20/2020 and worked properly. There is one operable A-B-C fire extinguisher attached to the wall and are easily accessible.

Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'8" X 15'6"	244	3
2	17'10" X 11'0"	196	2
3	10'8" X 14'0"	150	1

Total Capacity: 6

The living and dining room areas measure a total of 410 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** male and/or female adults aged 18 years and older, who may be diagnosed with a physical handicap, mental illness and/or developmental disability and/or who is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Synthia AFC Care will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be

arranged by family members, or other service providers who offer it to the residents who live at this home.

C. Applicant and Administrator Qualifications

Subir Croze and his wife, Sweetie Rozario, the co-licensees of this home, have submitted Medical and Record Clearances and no restrictions were noted on either. Both of their TB-tine results were negative.

Mr. Croze and Mrs. Rozario have submitted in writing that Charles Baroi will be their Responsible Person. Mr. Baroi will operate this home in the co-licensees' absence for up to 72-hours.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identogo, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. 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 issuance of a temporary license to this adult foster care family group home (capacity 6).



March 23, 2020

Licensing Consultant

Date

Approved By:



March 23, 2020

Jerry Hendrick
Area Manager

Date