



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 23, 2020

Emma Gafencu
24290 Farmington Rd
Farmington Hills, MI 48336

RE: Application #: AS630401576
Home Sweet Home
24290 Farmington Rd
Farmington Hills, MI 48336

Dear Ms. Gafencu:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630401576
Licensee Name:	Emma Gafencu
Licensee Address:	24290 Farmington Rd Farmington, Hills, MI 48336
Licensee Telephone #:	(248) 376-8894
Administrator/Licensee Designee:	Emma Gafencu
Name of Facility:	Home Sweet Home
Facility Address:	24290 Farmington Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 679-6707
Application Date:	09/11/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

09/11/2019	On-Line Enrollment
09/25/2019	Contact - Document Received 1326 & RI030 for Emma, AFC100 for Emma, Daniela, & Gheorghe
10/03/2019	Contact - Document Received Licensing file received from Central office
10/30/2019	Application Incomplete Letter Sent
11/15/2019	Application Complete/On-site Needed
12/17/2019	Inspection Completed On-site
12/17/2019	Inspection Completed-BCAL Sub. Compliance
12/17/2019	Cofirming Letter Sent
01/16/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

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 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Home Sweet Home is located at 24290 Farmington Road, Farmington Hills, MI 48336 and is owned by Daniela Gafencu. Proof of ownership and permission to inspect the property is contained in the facility file.

Home Sweet Home is a brick, ranch-styled structure with 2434 square feet of living space. A ramp is available at the front entrance and at the back of the home off the deck to accommodate individuals who require a wheelchair. The home contains a large kitchen, a dining room, a living room with a fireplace, five bedrooms (four of which are for resident use) a laundry room, a finished basement (not for resident use) and a deck with an attached gazebo and ramp. The washer and dryer are enclosed in a small room located off the kitchen. Bedrooms #1, #3 and #4 each contain half-bathrooms with a full bathroom situated in the hallway between bedrooms #2 and #3.

The home is heated by a natural gas forced-air furnace. The furnace and gas hot water heater is in the basement and are equipped with an approved fire rated door with an

automatic self-closing device and positive latching hardware. 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.

The four bedrooms identified for resident use were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'8" x 15'5"	164	2
2	11'9" x 10'6"	123	1
3	9'5" x 12'4"	116	1
4	15'2" x 10'7"	160	2

Total capacity: 6

The indoor living and dining areas measure a total of 470 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description

Home Sweet Home will offer a program for six (6) adult male and female residents who are aged and/or diagnosed with Alzheimer's disease and who may require the use of a wheelchair. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

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 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. Applicant and Responsible Person Qualifications

The applicant is Emma Gafencu and she will serve as the licensee designee and administrator for the home. Ms. Gafencu has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

A criminal history background check of Emma Gafencu was completed and determined that she is of good moral character to provide licensed adult foster care. Ms. Gafencu submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Gafencu provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Gafencu has a high school diploma and has worked as a direct care worker for three years. She has completed the necessary training and provided training certificates as proof.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six residents per shift. Ms. Gafencu acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Gafencu has indicated that direct care staff will be awake during sleeping hours.

Ms. Gafencu 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. Gafencu acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Gafencu acknowledge(s) 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. Gafencu 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(s) *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.

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

Ms. Gafencu 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. Gafencu indicated the intent to respect and safeguard these resident rights.

Ms. Gafencu 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. Gafencu 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. Gafencu 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 adult foster care home with a capacity of 6.

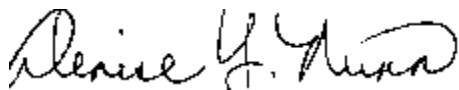


7/23/2020

Cindy Berry
Licensing Consultant

Date

Approved By:



07/23/2020

Denise Y. Nunn
Area Manager

Date