



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 1, 2021

Emanuela Calburean
40329 Kristen Drive
Sterling Heights, MI 48310

RE: Application #: AF500403210
EDA Home Care
40329 Kristen Drive
Sterling Heights, MI 48310

Dear Emanuela Calburean:

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 5 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 #:	AF500403210
Applicant Name:	Emanuela Calburean
Applicant Address:	40329 Kristen Drive Sterling Heights, MI 48310
Applicant Telephone #:	(586) 838-4157
Name of Facility:	EDA Home Care
Facility Address:	40329 Kristen Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 883-4079
Application Date:	01/22/2020
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

01/22/2020	Enrollment
01/27/2020	PSOR on Address Completed
01/27/2020	Contact - Document Sent Act booklet
01/27/2020	Application Incomplete Letter Sent Fed ID
01/27/2020	Contact - Document Received E-mail regarding Fed ID - belongs to facility.
01/30/2020	Contact - Document Received Licensing file received from Central office.
02/03/2020	Contact - Document Received IRS ltr
07/24/2020	Application Incomplete Letter Sent Emailed application incomplete letter sent to licensee Emanuela Calburean.
09/29/2020	Application Complete/On-site Needed
12/21/2020	Inspection Completed On-site
12/21/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

EDA Home Care Living is a single-story home located at 40329 Kristen Drive, Sterling Heights, MI 48310. The area of the home that is designated for residents has four occupancy bedrooms, one bathroom, a living room, and a kitchen/dining area. Emanuela Calburean and her husband Dan Calburean reside in the home. The home is located in a sub [suburb/sub division?](#) within the City of Sterling Heights that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Sterling Heights Police Department responds to emergency calls from the home. Troy Beaumont Hospital is located within two miles from the home.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas and in areas of the home that have heat producing equipment. Fire extinguishers are installed on each floor of the home. The home has public water and a public sewer system. The home is not able to accommodate residents who use a wheelchair, as it does not have ramps at the means of egress.

The residents’ bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.09 x 9.02	117	1
2	11.07 x 9.0	104	1
3	15.0 x 8.08	130	2

Total capacity: 4

The living and dining room areas measure a total of **323** 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 four residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

Note: There is an above ground pool located in this home’s backyard. However, Ms. Calburean provided in writing that the pool is prohibited for use by residents year-round. Safety measures have been put in place; both a life ring and a life hook have been purchased and stored near the pool. To further inhibit access to the pool, the sliding door leading to the backyard is equipped with an additional locking latch at the bottom of the door, preventing opening. Finally, alarms have been installed on all egress doors to notify Ms. Calburean in the event of unauthorized or accidental access to the outside.

B. Program Description

EDA Home Care Living intends to provide 24-hour supervision, protection, and personal care to four male or female residents, aged 60+, whose diagnosis is dementia/Alzheimer’s Disease. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

EDA Home Care Living will utilize local community resources for medical services, dental services, religious observance, and recreation. 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, Emanuela Calburean, identified her husband, Dan Calburean, as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Emanuela Calburean and Dan Calburean. Emanuela Calburean and Dan Calburean submitted need updated medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Ms. Calburean indicated that she has sufficient financial resources to provide for the adequate care of the residents for a period of at least three months utilizing the joint-applicant's employment outside of adult foster care and savings or available cash.

Ms. Calburean acknowledged that an adult foster care family home requires the licensee to reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four residents will be the responsibility of Ms. Calburean 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Ms. Calburean acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Calburean acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledged 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. Calburean acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Calburean 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. Calburean acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, she acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, responsible person, volunteer, or staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Calburean 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.

Ms. Calburean 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 when a resident can be discharged before the issuance of a 30-day written discharge notice.

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

Ms. Calburean acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Calburean has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

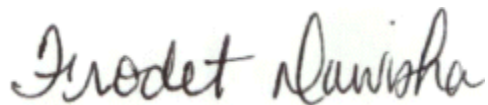
Ms. Calburean acknowledged her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home, as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Calburean acknowledged her 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.

D. Rule/Statutory Violations

Ms. Calburean was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to EDA Home Care Living, an adult foster care family home with a capacity of four residents.



02/01/2021

Frodet Dawisha
Licensing Consultant

Date

Approved By:



02/01/2021

Denise Y. Nunn
Area Manager

Date