



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 28, 2021

Cristina Pavel  
Abel Care, LLC  
16693 Pomona Drive  
Redford, MI 48240

RE: Application #: AM470406331  
**Kay D's Elder Care Home**  
**51 Endicott Rd.**  
**Howell, MI 48843**

Dear Ms. Pavel:

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 8 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM470406331
<b>Licensee Name:</b>	Abel Care, LLC
<b>Licensee Address:</b>	51 Endicott Drive Howell, MI 48843
<b>Licensee Telephone #:</b>	(734) 307-6659
<b>Administrator:</b>	Cristina Pavel
<b>Licensee Designee:</b>	Cristina Pavel
<b>Name of Facility:</b>	Kay D's Elder Care Home
<b>Facility Address:</b>	51 Endicott Rd. Howell, MI 48843
<b>Facility Telephone #:</b>	(734) 307-6659
<b>Application Date:</b>	11/05/2020
<b>Capacity:</b>	8
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

07/28/2020	Inspection Completed-Fire Safety : A See AM470246151
11/05/2020	On-Line Enrollment
11/18/2020	Contact - Document Received App; 1326, RI-030 & AFC100 for Cristina (LD & Admin)
11/30/2020	Contact - Document Received IRS ltr - different #
12/01/2020	Application Incomplete Letter Sent
02/11/2021	Contact - Document Received
02/22/2021	Inspection Completed On-site paperwork review only. No on-site inspection conducted.
02/22/2021	Inspection Completed-BCAL Sub. Compliance.
04/27/2021	Lic. Unit file referred for background check review ICHAT hit- Referred to C Pilarski for review.
04/27/2021	Application Complete/On-site Needed
04/27/2021	Inspection Completed On-site
04/27/2021	Inspection Completed- Env. Health: A
04/27/2021	Inspection Completed-BCAL Sub. Compliance
05/25/2021	Inspection Completed-BCAL Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Kay D's Elder Care Home is a large ranch-style home that was built in 1966 and then was renovated in 2002. The adult foster care (AFC) family home is in Oceola Township where there are restaurants, shopping, a bank, post office, a library, and churches available to residents. The main level of the home has six resident bedrooms, two of the bedrooms are double occupancy and four are private resident bedrooms. The applicant understands the license capacity cannot be exceeded even though several of the bedrooms are large enough for two residents.

The physical layout of the facility includes a family room, a laundry area, a dining area, and a kitchen. The facility has one shower room and two half bathrooms for resident

use. The laundry room contains an electric dryer and is separated by a curtain in the back room that is used for dining. The facility has ample parking for staff and visitors. Members of household, Timothy White and Heather Birchett-White, will both sleep in the basement and that area is not accessible to residents. Licensee designee Cristina Pavel reported that there will always be an awake caretaker on the main floor of the home to care for the residents twenty-four hours a day, seven days a week. The facility is wheelchair accessible and has wheelchair ramps at the front and rear exit of the home. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes public water supply and private sewage disposal system.

An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety and the smoke detection system is fully operational. The home is equipped with an interconnected smoke detection system with battery back-up which was installed by a licensed electrician. The facility heating plant is equipped with two gas forced heat furnaces and two water heaters which are located in the finished basement, in a separate enclosed room, with a fire-rated door with tag equipped and automatic self-closing device with positive latching hardware. The heat plant room itself is also constructed of material which has a 1-hour-fire-resistance rating. The facility does have a central air conditioning system. On 07/28/2020 the Bureau of Fire Safety conducted a fire safety inspection and determined the facility to be in substantial compliance with all fire safety rules and issued a fire approval. The facility is also fully sprinkled and 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	12'5" X 12'1"	150	2
2	10'0" X 12'0"	120	1
3	14'4" X 11'6"	162	2
4	14'4" X 11'6"	162	2
5	13'0 X 10'2"	132	2
6	14'0" X 11'9"	164.5	2
Kitchen	7'7" X 13'6"	102.38	0
Dining Room	19'8" X 13'3"	260	0
Living Room	13'5" X 19'6"	261.5	0

The indoor living and dining areas measures over 1,500 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 8 residents. All of the resident bedrooms can accommodate two people except bedroom #2. It is the licensee's responsibility not to exceed the facility's licensed capacity of 8 residents.

## **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 eight (8) male or female ambulatory or non-ambulatory adults who are aged and/or are diagnosed with Alzheimer's Disease or related conditions. The applicant is also able to accommodate older adults who require the regular use of a wheelchair, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept residents with private sources for payment. For residents diagnosed with Alzheimer's disease and/or dementia, Ms. Cristina Pavel plans to gather additional assessment information prior to admission to better understand how the individual's diagnosis of Alzheimer's disease and/or dementia impacts their daily functioning so direct care staff members will be properly informed on how to best care for the individual on a daily basis. The staff members will be trained with a focus on the positive approach to care and will receive ongoing training related to Alzheimer's disease. The goal of the facility will be to maintain/improve an individual's current level of physical and mental functioning through daily activities, exercise, stimulating games, home health care and proper nutrition. Additional information will be gathered to determine the individual's interest so appropriate activities such as music, reviewing photo albums, folding, and sorting tasks can assist the resident in daily functioning.

The facility will continually assess the individual and make changes as necessary to meet the resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

The licensee will ensure transportation is available for program and medical needs. The facility will make provision for a variety of leisure and recreational activities. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment. Additionally, the facility offers visiting physicians and hospice care.

## **C. Applicant and Administrator Qualifications:**

The applicant is Abel Care, LLC, a "For Profit Corporation", established in Michigan on November 16, 2020. The applicant submitted a financial statement and established an

annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors has submitted documentation appointing Ms. Cristina Pavel as licensee designee and administrator for this facility. Criminal history background checks of the applicant and administrator were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Cristina Pavel submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The licensee designee/administrator, Ms. Cristina Pavel has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Cristina Pavel has operated two adult family foster homes. Ms. Cristina Pavel opened her first adult foster home in 2006. Ms. Cristina Pavel cared for the aged population. Ms. Cristina Pavel moved and then opened another family foster home caring for the aged and Alzheimer's populations from 2008-2017.

The staffing pattern for the original license of this eight-bed facility is adequate and includes a minimum of one staff to eight residents per shift. The staffing pattern may change based on the needs of the residents. 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. Ms. Cristina Pavel 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. Cristina Pavel 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Cristina Pavel 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 licensee designee Ms. Cristina Pavel will administer medication to residents. In addition, Ms. Cristina Pavel 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. Cristina Pavel 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. Cristina Pavel acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator,

and direct care staff or volunteers and follow the retention schedule for those documents contained within each employee's record.

Ms. Cristina Pavel 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. Cristina Pavel 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.

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

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

Ms. Cristina Pavel 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. Cristina Pavel 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. Cristina Pavel 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. Cristina Pavel acknowledged that residents with mobility impairments will 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.

**RECOMMENDATION:**

I recommend issuance of a six-month temporary license to this medium adult foster care home with a capacity of eight (8) residents.

*Julie Elkins*

05/25/2021

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Julie Elkins  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

05/28/2021

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Dawn N. Timm  
Area Manager

Date