



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2022

Emilia Todor  
41364 LLorac Lane  
Northville, MI 48167

RE: Application #: AS630409562  
**Amy's Place Senior Home Care**  
**41346 LLorac Lane**  
**Northville, MI 48167**

Dear Ms. Todor:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-514-9391  
Fax: 517-763-0204

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630409562
<b>Licensee Name:</b>	Emilia Todor
<b>Licensee Address:</b>	41364 LLorac Lane NORTHVILLE, MI 48167
<b>Licensee Telephone #:</b>	(248) 767-1595
<b>Licensee Designee:</b>	Emilia Todor
<b>Administrator:</b>	Emilia Todor
<b>Name of Facility:</b>	Amy's Place Senior Home Care
<b>Facility Address:</b>	41346 LLorac Lane Northville, MI 48167
<b>Facility Telephone #:</b>	(248) 432-1850
<b>Application Date:</b>	07/21/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

07/21/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 For Emilia, AFC100 for Jessica
07/21/2021	On-Line Enrollment
07/22/2021	Inspection Report Requested - Fire
07/22/2021	Contact - Document Sent 1326, RI030, AFC100, Fire safety string
08/11/2021	Contact - Document Received 1326 & RI030 for Emilia, AFC100 for Jessica
08/27/2021	Application Incomplete Letter Sent
12/10/2021	Contact - Document Received Application documents received via email
01/16/2022	Contact - Document Received Additional application documents received from applicant via email
01/21/2022	Inspection Completed On-site
01/23/2022	Inspection Completed-BCAL Full Compliance
01/23/2022	Contact - Document Received Final application/physical plant documents received.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch-style home, located in the city of Northville, Michigan. The home has a main level and basement. On the main level of the home are six resident bedrooms, four full size resident bathrooms, a kitchen, dining room, living room and family room. The basement is not accessible to residents and contains the furnace and hot water heater equipment. Upon entering the home, there is a hallway that leads to the living room area. To the left of the living room area is a hallway that leads to three resident bedrooms and two resident bathrooms. To the right of the living room is another hallway that leads to the dining room, kitchen, family room, three resident bedrooms and two resident bathrooms. The home is wheelchair accessible and has two approved means of egress that is equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace and electric hot water heater, which are located in the basement and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11ft x 12 ft	132	Vacant
2	12ft x 12ft	144	1
3	16ft x 14ft	224	1
4	15ft 5" x 11ft	169	2
5	21ft x 14ft	294	1
6	12 ft 5" x 10ft 5"	129	1

**Total Capacity: 6**

The indoor living and dining areas measure a total of 824 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland County CMH, Veterans Administration or residents with private sources for payment).

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Emilia Todor. Ms. Todor has appointed herself as the licensee and administrator for the facility. Ms. Todor 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 Ms. Todor was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Todor submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Todor has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Todor has been working within the field of adult foster care for 12 years. Ms. Todor began working as a direct care worker in 2010, providing bathing, dressing, personal hygiene, wound care, laundry, supervision and protection to the adult foster care population. Over the last 12 years, Ms. Todor has continued to provide direct care to residents. Additionally, Ms. Todor has been working at an adult foster care facility since 2015, acting as both a direct care staff and licensee. Ms. Todor has a substantial amount of experience providing both direct care and administrative duties to the adult foster care population.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Ms. Todor acknowledged that the staff to resident ratio may need to be decreased 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. Ms. Todor has indicated that direct care staff will be awake during sleeping hours.

Ms. Todor 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. Todor acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Todor 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Todor 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 Ms. Todor will administer medication to residents. In addition, Ms. Todor 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. Todor 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. Todor 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. Todor 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. Todor 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. Todor 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. Todor acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Todor 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.

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

Ms. Todor 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. Todor 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. Todor 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 family home with a capacity of six.



3/16/2022

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



03/25/2022

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Denise Y. Nunn  
Area Manager

Date