



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 29, 2022

Joshua Stirbu
Amy's Place Assisted Living LLC
18361 Norwich
Livonia, MI 48152

RE: Application #: AS820408857
Amy's Place Assisted Living LLC
17251 Mayfield St
Livonia, MI 48152

Dear Mr. Stirbu:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820408857
Applicant Name:	Amy's Place Assisted Living LLC
Applicant Address:	17251 Mayfield St Livonia, MI 48152
Applicant Telephone #:	(847) 477-5801
Administrator/Licensee Designee:	Joshua Stirbu
Name of Facility:	Amy's Place Assisted Living LLC
Facility Address:	17251 Mayfield St Livonia, MI 48152
Facility Telephone #:	(847) 477-5801 05/05/2021
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

05/05/2021	Enrollment Online Application Download Failure
05/28/2021	Application Incomplete Letter Sent 1326 for Joshua, AFC100 for Roxanne, Tax ID Letter
05/28/2021	Contact - Document Sent 1326 & AFC100
06/07/2021	Contact - Document Received 1326 & RI030 for Joshua, AFC100 for Roxanne, Tax ID Letter
06/21/2021	Application Incomplete Letter Sent
07/14/2021	Contact - Document Received Enrollment documents
07/23/2021	Contact - Telephone call made Joshua Stirbu, discuss enrollment documents and requested additional documents to complete the application.
07/23/2021	Contact - Document Sent Email sent to Joshua Stirbu requesting additional documents to complete the application.
08/10/2021	Contact - Document Received Enrollment documents
09/08/2021	Contact - Telephone call made Joshua Stirbu, discuss enrollment documents and requested additional documents to complete the application including his training.
10/29/2021	Contact - Telephone call made Mr. Stirbu was not available, message left
11/05/2021	Contact - Telephone call made Mr. Stirbu
11/19/2021	Application Complete/On-site Needed
11/19/2021	Inspection Completed On-site
11/19/2021	Inspection Completed-BCAL Sub. Compliance
03/03/2022	Inspection Completed On-site All repairs not completed. Pending follow-up

03/09/2022 Inspection Completed On-site

03/09/2022 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Amy's Place Assisted Living LLC is located in the city of Livonia, in the county of Wayne. This ranch style home has a two-tone exterior with upper gray siding and lower red brick. The backyard is partially fenced with an attached three-car garage.

The home consists of a formal dining room, living room, kitchen, nine bedrooms and four full baths. Two of the bedrooms will be used for storage and one as an office. The home is barrier-free and wheelchair accessible. The home is equipped with 2-wheelchair ramps at both approved means of egress.

The furnace and hot water heater are located on the same floor as the residents in a room that is constructed of material that has a 1-hour-fire-resistance rating with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is 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 East	12.58 x 9.66	122	1
2 West	13.5 x 8.83	119	1
3 North	9.83 x 11.17	110	1
4 Southwest	12.17 x 16.17	197	1
5 South	8.83 x 10.08	89	1
6 South	8.83 x 10.08	89	1

The living, dining, and sitting room areas measure a total of 739.48 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 (6)** male or female physically handicapped, aged, and Alzheimer's, in the least restrictive environment possible. 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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Amy's Place Assisted Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 02/13/2020. 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 of Amy's Place Assisted Living, L.L.C., has submitted documentation appointing Joshua Stirbu as Licensee Designee for this facility and Joshua Stirbu as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. All staff shall be awake during sleeping 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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 the licensee, can 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.

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 file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within 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

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 temporary license to this AFC adult small group home with a capacity of **6** residents.



3/24/2022

Denasha Walker
Licensing Consultant

Date

Approved By:



3/29/2022

Ardra Hunter
Area Manager

Date