



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 31, 2023

David Ghita
41239 Llewelyn Ct
Northville, MI 48167

RE: Application #: AF630412158
Llewelyn Home Care
41239 Llewelyn Ct
Northville, MI 48167

Dear Mr. Ghita:

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
gonzalezs3@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630412158
Applicant Name:	David Ghita
Applicant Address:	41239 Llewelyn Ct Northville, MI 48167
Applicant Telephone #:	(248) 747-0249
Administrator	N/A
Licensee:	David Ghita
Name of Facility:	Llewelyn Home Care
Facility Address:	41239 Llewelyn Ct Northville, MI 48167
Facility Telephone #:	(248) 747-0249
Application Date:	03/22/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/22/2022	Enrollment
03/28/2022	Application Incomplete Letter Sent 1326, RI030, FPs and AFC-100
05/12/2022	Contact - Document Received AFC 100, 1326, MC, FPs
06/03/2022	PSOR on Address Completed
07/05/2022	Application Incomplete Letter Sent Sent via email
08/05/2022	Contact - Document Sent Email exchange with Mr. Ghita regarding documents needed for application process.
09/30/2022	Contact - Document Received Email exchange with Mr. Ghita regarding application
10/21/2022	Inspection Completed On-site
10/24/2022	Contact - Document Received Documents received from Mr. Ghita via email
11/18/2022	Contact - Document Received Additional application documents received via email
11/27/2022	Contact - Document Received Documents received via email from Mr. Ghita
12/15/2022	Contact - Document Sent Email exchange with Mr. Ghita on final application documents
01/06/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located within the city of Northville, Michigan. The home consists of four resident bedrooms, two full-size bathrooms, a kitchen, dining room, living room and laundry room area, all located on the main floor of the home. The home is wheelchair accessible and has at least one 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 gas hot water heater system, both of which are located in the garage and are equipped with a 1-3/4-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, that have been installed near sleeping areas, on each occupied floor of the home, 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	11' x 7' 8"	84	1
2	10' 5" x 13' 5"	139	2
3	12' x 10' 3"	123	1
4	15' 2" x 12' 4"	187	2

Total capacity: 6

The indoor living and dining areas measure a total of 399 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 required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

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 Responsible Person Qualifications

Criminal history background checks of the applicant, David Ghita, and responsible person, Emilia Todor were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Ghita has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Mr. Ghita acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of Mr. Ghita, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Mr. Ghita acknowledged that the number of responsible persons on duty in the home may need to increase 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.

Mr. Ghita acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Mr. Ghita acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Ghita 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.

Mr. Ghita acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mr. Ghita indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Ghita 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.

Mr. Ghita acknowledged 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.

Mr. Ghita acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

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

Mr. Ghita 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(s).

Mr. Ghita acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Mr. Ghita indicated intent to respect and safeguard these resident rights.

Mr. Ghita 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 issuing a discharge before a 30-day written discharge notice.

Mr. Ghita acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant have 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 family home (capacity 1-6).

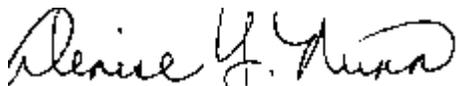


1/24/2023

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/31/2023

Denise Y. Nunn
Area Manager

Date