



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 17, 2023

Maureen Levy
Elsmar Home Health Care LLC
2727 2nd Ave Suite 156
Detroit, MI 48201

RE: Application #: AS820412272
Elsmar Adult Care
15518 Meyers Rd
Detroit, MI 48227

Dear Ms. Levy:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820412272
Applicant Name:	Elsmar Home Health Care LLC
Applicant Address:	15518 Meyers Rd Detroit, MI 48227
Applicant Telephone #:	(313) 737-7998
Administrator/Licensee Designee:	Maureen Levy
Name of Facility:	Elsmar Adult Care
Facility Address:	15518 Meyers Rd Detroit, MI 48227
Facility Telephone #:	(313) 340-2759
Application Date:	02/16/2022
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/16/2022	Enrollment
04/13/2022	Application Incomplete Letter Sent afc 100, 1326, RI030, FPs
06/22/2022	Contact - Document Received AFC 100, 1326,
07/25/2022	PSOR on Address Completed
07/29/2022	Application Incomplete Letter Sent
07/29/2022	Contact - Document Sent 45-day letter
10/26/2022	Contact - Document Received
12/13/2022	Inspection Completed On-site
12/13/2022	Inspection Completed-BCAL Sub. Compliance
01/19/2023	Contact - Document Sent Requested additional enrollment documents including experience and training
03/24/2023	Inspection Completed On-site
04/12/2023	Contact - Document Received
04/12/2023	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Elmar Adult Care home is located in a residential area within the city of Detroit. The red brick, colonial style home has a living room, dining room, and upstairs seating area to accommodate residents. The home has five single bedrooms and two full bathrooms with a fenced in backyard. The home does not have a garage but does have a basement.

The furnace and hot water heater are located in the basement with (2) 1-3/4-inch solid core doors equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-

resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

This facility is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Southeast	10 ft. X 9.58 ft	95.8 sq. ft	1
Northeast	10.92 ft. X 10.75 ft.	117.39 sq. ft.	1
North	9.25 ft. X 9.25 ft.	85.5 sq. ft.	1
East	9.75 ft X 10 ft.	97.5 sq. ft.	1
South	10.5 ft. X 11.42 ft.	119.9 sq. ft	1
Total			5

The living, dining, and sitting room areas measure a total of 325 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 **five (5)** 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 **five (5)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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: (private pay sources).

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

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

The applicant 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 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), Morpho Trust USA (formerly L-1 Identity Solutions™), 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

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small/large group home (capacity 5).



04/12/2023

Shatonla Daniel
Licensing Consultant

Date

Approved By:



04/13/2023

Ardra Hunter
Area Manager

Date