



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 6, 2023

Maria Lulgjuraj
30370 Tanglewood
Farmington Hills, MI 48331

RE: Application #: AS630415895
Grace's Inn
5575 Franklin Rd.
Bloomfield Township, MI 48301

Dear Ms. Lulgjuraj:

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: 248-308-6012
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 #:	AS630415895
Applicant Name:	Maria Lulgjuraj
Applicant Address:	30370 Tanglewood Farmington Hills, MI 48331
Applicant Telephone #:	248-660-7874
Administrators:	Maria Lulgjuraj Nina Gjonaj
Licensee Designee:	Maria Lulgjuraj
Name of Facility:	Grace's Inn
Facility Address:	5575 Franklin Rd. Bloomfield Township, MI 48301
Facility Telephone #:	(248) 660-7874
Application Date:	02/21/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

02/21/2023	Enrollment
03/16/2023	PSOR on Address Completed
03/16/2023	Application Incomplete Letter Sent 132/RI030/AFC100
03/24/2023	Contact - Document Received 1326/RI030
03/24/2023	Contact - Document Received AFC100
04/03/2023	Application Incomplete Letter Sent Sent via email
05/08/2023	Contact - Document Received Email exchange with applicant
05/08/2023	Contact - Document Sent Sent follow-up list of items needed as part of application process.
05/16/2023	Contact - Document Sent I sent a follow-up information regarding application document requirements to applicant
07/07/2023	Contact - Document Received I received additional facility documents via email
07/20/2023	Contact - Document Received Application documents received via email
08/04/2023	Contact - Telephone call made Spoke to applicant via telephone; Discussed additional documents still needed.
08/08/2023	Contact - Document Received Facility documents received via email
08/21/2023	Contact - Document Received Additional application documents received via email
09/11/2023	Application Complete/On-site Needed

09/13/2023	Inspection Completed On-site
09/19/2023	Contact - Document Received Follow-up information from applicant via email

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located in Bloomfield Township, Michigan. The home has a main level and does not have a basement. The home has six resident bedrooms, two full baths, one ½ bath, living room, dining room, laundry room and kitchen area. Upon entering the home, the dining room is the right and the living room is to the left. To the right of the living room is a wraparound hallway that leads to the six resident bedrooms, bathrooms, and the furnace room area. Directly past the dining room is a hallway that leads to the kitchen and laundry room. The home is wheelchair accessible and has two approved means of egress that are 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 hot water heater system, both located on the main floor of the home. The furnace and hot water heater room is 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 an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and 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	13' x 10'	130	1
2	13' 9" x 10'	133	1
3	13' 9" x 10'	133	1
4	13' x 10'	130	1
5	13' x 10'	130	1
6	13' x 10'	130	1

Total capacity: 6

The indoor living and dining areas measure a total of 542 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 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 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, Maria Lulgjuraj, has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Ms. Lulgjuraj 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.

Ms. Lulgjuraj submitted documentation appointing herself as licensee for this facility and both herself and Nina Gjonaj as the administrators of the facility.

Criminal history background checks of Ms. Lulgjuraj and Ms. Gjonaj were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ms. Lulgjuraj and Ms. Gjonaj submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Lulgjuraj and Ms. Gjonaj have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Lulgjuraj has a bachelor's degree in nursing and has worked as both a home-based caregiver and clinical nurse with the aged and Alzheimer's population since 2019. Ms.

Lulgjuraj has experience providing direct care, personal hygiene, medication management and supervision/protection to the aged population and meets the qualification requirement. Ms. Gjonaj has bachelor's degree in mathematics and teaching. Ms. Gjonaj was an in-home caregiver from 2020 – 2022, providing personal care, hygiene, supervision and protection to the aged population and meets the qualification requirement.

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. Lulgjuraj 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. Lulgjuraj has indicated that direct care staff will be awake during sleeping hours.

Ms. Lulgjuraj 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. Lulgjuraj acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Lulgjuraj 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.

Ms. Lulgjuraj 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 the licensee will administer medication to residents. In addition, Ms. Lulgjuraj 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. Lulgjuraj 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. Lulgjuraj acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Lulgjuraj 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. Lulgjuraj acknowledge 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. Lulgjuraj 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. Lulgjuraj acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Lulgjuraj 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. Lulgjuraj 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. Lulgjuraj indicated the intent to respect and safeguard these resident rights.

Ms. Lulgjuraj 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. Lulgjuraj 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. Lulgjuraj 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.

Stephanie Gonzalez

10/4/2023

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/06/2023

Denise Y. Nunn
Area Manager

Date