



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2024

Michelle Encabo
Harmony Senior Living LLC
APT 1901
20650 Northville Dr.
Northville, MI 48167

RE: Application #: AS630417253
Harmony Senior Living
7370 Cornwall Ct
West Bloomfield, MI 48322

Dear Mr. Encabo:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630417253
Licensee Name:	Harmony Senior Living LLC
Licensee Address:	APT 1901 20650 Northville Dr. Northville, MI 48167
Licensee Telephone #:	(973) 932-9248
Administrator/Licensee Designee:	Michelle Encabo
Name of Facility:	Harmony Senior Living
Facility Address:	7370 Cornwall Ct West Bloomfield, MI 48322
Facility Telephone #:	(973) 932-9248
Application Date:	07/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

07/31/2023	On-Line Enrollment
08/11/2023	PSOR on Address Completed
08/11/2023	Contact - Document Sent Forms sent.
09/25/2023	Contact - Document Received 1326, AFC 100, MC, copy of app
10/26/2023	Application Incomplete Letter Sent Emailed to LD.
01/16/2024	Contact - Document Received Received requested documents.
02/15/2024	Inspection Completed On-site
02/19/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Harmony Senior Living LLC is located at 7370 Cornwall Ct, West Bloomfield, Michigan 48322 and is owned by Michelle Encabo. Proof of ownership and permission to inspect the property is contained in the facility file.

Harmony Senior Living LLC is a brick and vinyl sided ranch style structure with a total of 2308 square feet of living space. The home sits on a spacious lot and has a patio attached at the rear. The home is part of a well-established subdivision with a regulated water supply, which features a variety of home styles. The home consists of a living room, dining room, kitchen, two full bathrooms, five bedrooms, a laundry room, and an attached two car garage. The home does not have a basement and is wheelchair accessible with two ramps located at the two primary means of egress, the front door, and the patio door.

Harmony Senior Living LLC is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and

is fully operational. Two gas forced air furnaces heat the facility. One of the furnaces and the gas hot water heater is in the laundry room off the dining room and the other is located off the garage. The facility is part of a well-established subdivision with a regulated water supply and utilizes public sewage services.

Resident bedrooms were measured at the time of final inspection and were found to be of the following dimensions and accommodation capability:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11" x 13'7"	142	1
2	8'1" x 10'10"	87	1
3	9' x 10'8" 4'2" x 3'2"	109	1
4	9' x 10'8"	96	1
5	17'5" x 15'6"	269	2

Total capacity: 6

The indoor living and dining areas measure a total of 472 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Harmony Senior Living LLC intends to provide 24-hour supervision, protection, and personal care to 6 both male and female residents who are 60 years of age or older, suffer from Alzheimer's Disease as well as those who are physically handicapped.

According to the program statement, supervision and personal care services will be provided to each resident based on his or her individual needs. Each resident's plan of care will be established based on his or her individual needs. As part of the basic fee, Harmony Senior Living LLC will provide room and board, three daily meals, snacks, laundry, cleaning, and all aspects of personal care as needed for bathing, toileting, grooming, dressing, personal hygiene, and maintenance of medication. Harmony Senior Living LLC will offer both indoor and outdoor activities in accordance with the preferences and/or needs and interest of the residents and their family members.

If required, behavioral intervention programs will be developed as identified in an individual's 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 as written and established by qualified behavioral specialists.

C. Applicant and Administrator Qualifications

The applicant is Harmony Senior Living, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 9/06/2022. 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 members of Harmony Senior Living, L.L.C. have submitted documentation appointing Michelle Encabo as licensee designee and administrator for the facility.

A criminal history background check of Michelle Encabo was completed and determined that he is of good moral character to provide licensed adult foster care. Mr. Encabo submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Encabo provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Encabo holds a doctoral degree in physical therapy, a master’s degree in public administration, a bachelor’s degree in physical therapy, and licensure in the State of Michigan as a physical therapist. Mr. Encabo has been working in the field for over 15 years and is certified as a therapeutic pain specialist, a certified edema specialist, and a certified LSVT specialist.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mr. Encabo acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Encabo has indicated that direct care staff will be awake during sleeping hours.

Mr. Encabo 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.

Mr. Encabo acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Encabo acknowledges 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. Encabo 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 or licensee designee will administer medication to residents. In addition, Mr. Encabo 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.

Mr. Encabo 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, Mr. Encabo 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.

Mr. Encabo acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Encabo acknowledge 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. Encabo acknowledge the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Encabo acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Encabo acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Encabo 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. Mr. Encabo indicated the intent to respect and safeguard these resident rights.

Mr. Encabo 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.

Mr. Encabo 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.

Mr. Encabo 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 small group home with a capacity of 6.

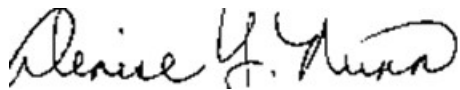


4/26/2024

Cindy Berry
Licensing Consultant

Date

Approved By:



05/14/2024

Denise Y. Nunn
Area Manager

Date