



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Ana Horobet
Green Lake Manor LLC
3661 Green Lake Rd
West Bloomfield, MI 48324

RE: Application #: AS630418749
Green Lake Manor
3661 Green Lake Rd.
West Bloomfield, MI 48324

Dear Ana Horobet:

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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS630418749 |
| | |
| Applicant Name: | Green Lake Manor LLC |
| | |
| Applicant Address: | 3661 Green Lake Rd West Bloomfield, MI 48324 |
| | |
| Applicant Telephone #: | (248) 520-2557 |
| | |
| Administrator/Licensee Designee: | Ana Horobet |
| | |
| Name of Facility: | Green Lake Manor |
| | |
| Facility Address: | 3661 Green Lake Rd. West Bloomfield, MI 48324 |
| | |
| Facility Telephone #: | (248) 520-2557 |
| | |
| Application Date: | 08/14/2024 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | ALZHEIMERS AGED |

II. METHODOLOGY

| | |
|------------|---|
| 08/14/2024 | Enrollment |
| 08/14/2024 | PSOR on Address Completed |
| 08/14/2024 | Contact - Document Received 1326, AFC100, MC |
| 08/14/2024 | Application Incomplete Letter Sent New fingerprints are needed |
| 08/14/2024 | Contact - Document Sent forms sent |
| 08/23/2024 | Contact - Document Received RI030, MC |
| 08/28/2024 | Application Incomplete Letter Sent |
| 09/23/2024 | Contact - Document Received Policies, procedures, verification of licensee designee training and experience |
| 10/15/2024 | Contact - Document Received Lease agreement |
| 10/22/2024 | Inspection Completed On-site |
| 10/22/2024 | Application Incomplete Letter Sent Requested revisions to personnel policies, admission and refund policies |
| 10/23/2024 | Contact - Document Received Admission/Discharge Policy |
| 10/23/2024 | Contact - Document Received AFC-100 for member of household |
| 11/12/2024 | Contact - Document Received Updated policies, program statement |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Green Lake Manor is located in a residential area at 3661 Green Lake Rd., West Bloomfield, MI 48324. The home is a ranch style home with six bedrooms, one full bathroom, one half bathroom, a kitchen, a dining room, and a living room. Five of the six bedrooms also have attached half bathrooms. There is a separate living area attached to the home where the applicant and her family will reside. The home has a fully finished basement.

Green Lake Manor is located five miles away from Henry Ford West Bloomfield Hospital, which includes a 24/7 emergency department. The West Bloomfield Police and Fire Departments respond to emergency calls from the home.

The furnace and hot water heater are located in a furnace room in the basement. The furnace room is equipped with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. There are no steps at the front exit of the home. The back exit leads to a large deck, which is equipped with a ramp that terminates on solid unobstructed ground. The home is qualified for admission of residents who use a wheelchair.

Resident bedrooms were measured and have the following dimensions:

| Bedroom # | Room Dimensions | Total Sq. Footage | Total Resident Beds |
|-----------|------------------------------|-------------------|---------------------|
| 1 | 11.3 x 9.9 w/ ½ bathroom | 111.9 | 1 |
| 2 | 11.3 x 10.9 | 123.2 | 1 |
| 3 | 15.3 x 10.6 w/ ½ bathroom | 162.2 | 1 |

| | | | |
|---|-----------------------------|-------|---|
| 4 | 10.9 x 8.3 w/ ½ bathroom | 90.5 | 1 |
| 5 | 15.1 x 7.9 w/ ½ bathroom | 119.3 | 1 |
| 6 | 11.3 x 9.9 w/ ½ bathroom | 111.9 | 1 |

Total capacity: 6

The living room and dining room areas offer a total of over 815 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate six 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 Green Lake Manor were reviewed and accepted as written. Green Lake Manor will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week to males and females, aged 55 and above. Green Lake Manor will provide long term care to the aged population, including individuals with dementia and Alzheimer's disease.

Green Lake Manor will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Green Lake Manor will provide memory care services for those who suffer from dementia or Alzheimer's disease. 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 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.

Green Lake Manor will provide residents with specific activities for their mental state such as weekly music therapy, visitation by local community churches, family, and friends, and an extensive library.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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. All staff shall be awake during sleeping hours.

C. Applicant and Administrator Qualifications

The applicant is Green Lake Manor LLC which is a “Domestic Limited Liability Company”, established in Michigan on 04/14/2020. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Green Lake Manor LLC appointed Ana Horobet as the licensee designee and administrator of the facility. Ms. Horobet has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Horobet was previously approved and is currently acting as licensee designee and administrator of the licensed adult foster care small group home, Livonia Manor LLC (AS820418831), which was previously licensed as a family home, Livonia Manor (AF820310118) since 2011. Ms. Horobet has over one year of experience working directly with the aged and Alzheimer's population.

Licensing record clearance requests were completed for Ms. Horobet. Ms. Horobet submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results. An ICHAT criminal history background check, physical, and TB test were completed for Ms. Horobet's husband, Daniel Horobet, and son, Ruben Horobet, who are adult members of the household.

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

Ms. Horobet acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will 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.

Ms. Horobet 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. Horobet acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Horobet 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. Horobet acknowledged 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. Horobet 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. Horobet acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Horobet acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Green Lake Manor.

Ms. Horobet 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Horobet 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. Horobet 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.

D. Rule/Statutory Violations

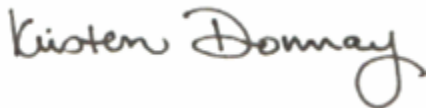
The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that Green Lake Manor was operating as an unlicensed facility, as substantiated in special investigation report #2024A0991029 (Unlicensed Facility #:

UA630418728). At the time of licensure, the facility is currently providing care to six residents.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Green Lake Manor, with a capacity of six (6) residents.

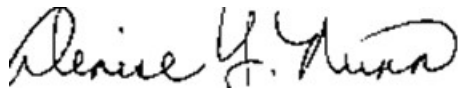


11/26/2024

Kristen Donnay
Licensing Consultant

Date

Approved By:



12/16/2024

Denise Y. Nunn
Area Manager

Date