



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 19, 2024

Arleen Savaya
1077 Clear Creek Dr
Rochester Hills, MI 48306

RE: Application #: AS630416135
F I C Housing
350 Nawakwa Rd
Rochester Hills, MI 48307

Dear Ms. Savaya:

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 3 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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630416135
Licensee Name:	Arleen Savaya
Licensee Address:	1077 Clear Creek Dr Rochester Hills, MI 48306
Licensee Telephone #:	(248) 470-3559
Administrator:	Arleen Savaya
Name of Facility:	F I C Housing
Facility Address:	350 Nawakwa Rd Rochester Hills, MI 48307
Facility Telephone #:	(248) 289-6366
Application Date:	04/11/2023
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/11/2023	On-Line Enrollment
04/12/2023	PSOR on Address Completed
04/12/2023	Contact - Document Sent Forms sent
07/19/2023	Contact - Document Received 1326/RI-030/fps & AFC-100
07/24/2023	Application Incomplete Letter Sent
10/19/2023	Contact - Telephone call received I received a telephone call from licensee, Arlene Savaya stating she is continuing to work on the documentation needed for the application incomplete letter.
03/21/2024	Contact - Document Sent I emailed licensee, Arlene Savaya requesting a status update on the application incomplete letter.
05/22/2024	Contact - Document Received Facility documentation received: employe handbook and associated documentation, policies and procedures and emergency procedures.
06/18/2024	Application Incomplete Letter Sent Additional information requested.
07/29/2024	Contact - Document Sent I emailed licensee, Arlene Savaya regarding application status.
08/21/2024	Contact - Document Received Facility documentation received: permission to inspect, licensee Arlene Savaya proof of training certificates.
09/05/2024	Contact - Document Received Facility documentation received: licensee Arlene Savaya medical clearance, TB test, resume, and diploma, proposed staffing pattern, and org chart.
09/05/2024	Application Incomplete Letter Sent
10/02/2024	Contact - Document Received Facility documentation received: routine procedure and proposed staffing pattern (edited).

10/22/2024	Contact - Document Received Facility documentation received: floor plan, evacuation plan, and proof of financial training.
11/11/2024	Contact - Document Received Facility documentation received: purposed budget, deed, bank statements and budget expenses.
12/17/2024	Application Complete/On-site Needed
12/17/2024	Inspection Completed On-site
12/18/2024	PSOR on Address Completed There were no hits.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch located in the city of Rochester Hills featuring 3 bedrooms. Bedroom # 1 has an attached full bathroom. There is another full bathroom in the hallway between Bedroom # 2 and Bedroom # 3 and a half bathroom off the living room. The home has a two-car attached garage, an office, and a laundry room. This facility is not wheelchair accessible and therefore they will not accept residents who are not ambulatory. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located on the roof. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The bedrooms and bathroom doors are equipped with positive latching, non-locking against egress hardware. All the bedrooms have adequate space, bedding, and storage. All 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'.9" x 12'.5"	211.25	1

2	15'.5" x 11'.6"	180	1
3	12'.75" x 13'.4"	171	1

Total capacity: 3

The living room and dining room area measure a total of 842.66 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

FIC housing will provide an assisted living environment to residents who have been recently hospitalized, were previously living in their own homes, residing in institutions or other residential facilities. FIC housing will provide cognitive training, physical assistance, and the opportunity to maximize social and community living skills therefore, avoiding the need for a more restrictive environment. FIC housing's mission is to provide programming and treatment for individuals in a home environment. They aim to respects everyone's unique challenges while supporting and promoting their safety, dignity, autonomy, and personal growth. FIC housing will offer each resident an individualized learning environment within a family-oriented setting.

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 three (3) male or female adults whose diagnosis is traumatic brain injured, physically handicapped, and mentally ill. 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.

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 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. This facility is located 4.9 miles away from Ascension Providence Rochester Hospital which has a 24/7 emergency department.

C. Applicant and Administrator Qualifications

The applicant is Arleen Savaya. Ms. Savaya submitted financial statements and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee, Arleen Savaya. Ms. Savaya submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee, Ms. Savaya provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Since 2015 Ms. Savaya has worked as a Home Health Aid with residents who have a traumatic brain injury, physical handicap, and/or mental illness. Ms. Savaya has extensive experience providing direct patient care. In addition, Ms. Savaya is the owner/operator of Faith in Community Housing. In her role as the operations manager, she prepares documentation for billing purposes, maintains appointments, completes maintenance requests, and maintains supplies/stock.

The staffing pattern for the original license of this three-bed facility is adequate and Ms. Savaya includes a minimum of one staff –to- three residents per shift. The applicant, Ms. Savaya acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Savaya acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Savaya acknowledges 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. Savaya 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Savaya 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, Ms. Savaya 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. Savaya acknowledges her 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, the applicant acknowledges their 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.

Ms. Savaya acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Savaya acknowledges her 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.

Ms. Savaya acknowledges her 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. Savaya acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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. Savaya 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.

Ms. Savaya 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.

Ms. Savaya acknowledges her 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 3).

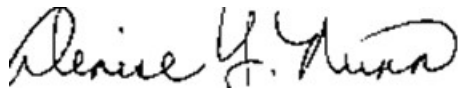


12/18/2024

Johnna Cade
Licensing Consultant

Date

Approved By:



12/19/2024

Denise Y. Nunn
Area Manager

Date