



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

October 20, 2006

Mariana Popa
Arbor Care on Independence, Inc.
2169 Independence Blvd.
Ann Arbor, MI 48104

RE: Application #: AS810282088
Arbor Care on Independence
2169 Independence
Ann Arbor, MI 48104

Dear Ms. Popa:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

enclosure

cc: Adult Services, Washtenaw Co. DHS

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS810282088

Applicant Name: Arbor Care on Independence, Inc.

Applicant Address: 2169 Independence Blvd.
Ann Arbor, MI 48104

Applicant Telephone #: (734) 716-1596

Administrator/Licensee Designee: Mariana Popa, Designee & Administrator

Name of Facility: Arbor Care on Independence

Facility Address: 2169 Independence
Ann Arbor, MI 48104

Facility Telephone #: (734) 975-6608

Application Date: 02/21/2006

Capacity: 6

Program Type: AGED
MENTALLY ILL
PHYSICALLY HANDICAPPED
ALZHEIMERS

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows:

02/21/2006	Enrollment
05/15/2006	Application Incomplete Letter Sent
05/24/2006	Contact - Document Received proof of ownership (only)
06/23/2006	Contact - Telephone call made
06/23/2006	Application Incomplete Letter Sent
07/07/2006	Contact - Document Sent Introduction letter as new consultant
08/01/2006	Contact - Document Received Documents from licensee required for licensure
08/17/2006	Contact - Telephone call made Discussed need for me to review submission and schedule on-site.
08/29/2006	On-site Inspection Completed
08/30/2006	Contact – Document Sent – Confirming letter
09/25/2006	Contact - Document Received CAP from confirming letter
10/05/2006	On-site Inspection Completed
10/17/2006	Contact - Document Received Documents from licensee required for licensure

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a single story ranch style home with a red brick exterior. The original attached garage has been remodeled into resident bedrooms, bathrooms and living area. It's located at the west end of the facility. The exterior of this addition is faced with exterior wood paneling.

The front entrance of the facility opens to one of two resident living areas. Off this living area are corridors to resident bedrooms and bathrooms located at both ends of the facility, and an additional larger living area. The living area off the front entrance opens to a combination dining area and kitchen. Off the dining area is a stairway to the facility basement. Off the dining area is a sliding glass door exit to a deck and ramp to the rear yard. The two living areas, not including the dining area, measure a total of 443 square feet.

The resident bedrooms measure and are located as follows:

North bedroom:	10'10" X 8' = 87 sq. ft	(1)*
Northwest corner bedroom:	7'8" X 10'11" = 84 sq. ft.	(1)
Southeast corner bedroom:	10'3" X 11'6" = 118 sq. ft.	(1)
South bedroom:	11'6" X 9'4" = 107 sq. ft.	(1)
Northeast corner bedroom:	13'8" X 10'11" = 149 sq. ft.	(2)

()* Denotes the number of licensed beds

Resident medications are secured in a locking cabinet located in the facility kitchen.

The facility has central air-conditioning. The kitchen contains all modern appliances. The facility basement contains a licensee office, living area, heat plant room, and laundry facilities.

The facility is wheelchair accessible. Ramped entrances are located at the front door and off the rear deck.

The facility was previously licensed as a group home, Arborcare Inc 1, (AS81001339) under a different licensee.

2. Sanitation:

Public water and sewer serve the facility. Garbage service is provided weekly by the City of Ann Arbor.

3. Fire Safety:

The facility furnace and hot water heater are located in their own room located in the facility basement. The furnace and hot water heater are both natural gas-fired. The furnace is a forced air furnace. A licensed contractor completed an inspection of the furnace on September 7, 2006. A copy of the report is contained in the licensing record.

The front entrance living area contains a wood-fired fireplace; however, the licensee has submitted a written statement the fireplace will not be used. A copy is retained in the licensing record.

Electric baseboard heaters heat the west end of the facility, which was remodeled into resident bedrooms, a living area, and bathrooms.

The facility smoke detectors are hard wired, but are not interconnected. During both on-site inspections, the smoke detectors were tested and found audible throughout the facility.

B. Program Description

1. Administrative structure & capability:

The corporate licensee, Arbor Care on Independence, Inc. was incorporated on February 2, 2006, according to the Michigan Department of Labor and Economic Growth website. According to the Articles of Incorporation, the purpose of the corporation is "to operate a small group home licensed under adult foster care administrative rules, Public Act 218." The listed incorporators are Mariana Popa and Mercia Popa.

This facility is the only facility operated by the corporation at this time.

2. Qualifications and competencies:

According to Mariana Popa, she has independently operated the current facility since approximately February 2006, ostensibly under the previous licensee. She stated she had also worked in the facility as a direct care worker since November 2005. The previous license identified aged and persons with Alzheimer's disease as receiving services. During the processing of this original application, it was determined the previous licensee had abandoned the facility and was no longer responsible for the operation of the facility.

According to documentation submitted by Ms. Popa, she had experience in caring for the aged and disabled previous to this facility in 1995 - 1996. She completed extensive adult foster care related training through Direct Care Training and Resource Center,

LLC, which is documented in the licensing record. She also had verification of attendance in a one-day training on Alzheimer's disease.

Criminal background checks were conducted on the licensee designee via the Michigan State Police database.

3. Program Information:

According to the licensing application, admission policy, and program statement, this facility will provide adult foster care services to the mentally ill, aged, and persons diagnosed with Alzheimer's disease. The admission policy describes the residents of this facility as being compatible.

According to the facility program statement, the goal of the facility is "to provide a means by which their cognitive deficiencies can be monitored in a supervised setting while still ensuring they (residents) have the highest possible levels of self-care and care assistance with preservation of their personal dignity.

4. Facility and employee records:

An employee record was reviewed at the final on-site inspection conducted on October 5, 2006. Resident records will be reviewed during the six-month temporary licensing period. Employee, facility, and resident records will be maintained at the facility. A copy of the employee consultant checklist was provided to Ms. Popa to assist her in gathering all the required employee documentation.

At the final on-site inspection conducted October 5, 2006, the licensing rules were reviewed with Ms. Popa. All required and sample resident forms were provided and reviewed with her at that time.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. Ms. Popa has also signed an agreement to respect and provide a copy of those resident rights to residents/designated representatives as delineated in R400.14304(1)(2). Those resident rights will be reviewed with each individual resident and/or designated representative.

6: Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 male or female adults who are either mentally ill, aged, or who have been diagnosed with Alzheimer's Disease.

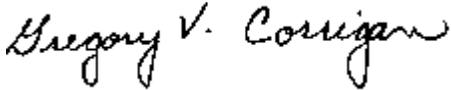


10/20/2006

Chuck Wisman
Licensing Consultant

Date

Approved By:



10/20/2006

Gregory V. Corrigan
Area Manager

Date