



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

January 8, 2014

Alicja Walenska and Slawomir Walenski
8109 High Point Trail
White Lake, MI 48386

RE: Application #: AF630338873
Green Valley Place
8109 High Point Trail
White Lake, MI 48386

Dear Alicja Walenska and Slawomir Walenski:

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 5 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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630338873
Applicant Name:	Alicja Walenska and Slawomir Walenski
Applicant Address:	8109 High Point Trail White Lake, MI 48386
Applicant Telephone #:	(248) 462-0584
Administrator/Licensee Designee:	N/A
Name of Facility:	Green Valley Place
Facility Address:	8109 High Point Trail White Lake, MI 48386
Facility Telephone #:	(248) 462-0594
Application Date:	02/27/2013
Capacity:	5
Program Type:	AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/27/2013	Enrollment
03/07/2013	PSOR on Address Completed
03/07/2013	Application Incomplete Letter Sent 1326/Dorota.
03/07/2013	Contact - Document Sent Act & Rules.
03/25/2013	Application Complete/On-site Needed
03/25/2013	File Transferred To Field Office Pontiac.
03/27/2013	Contact - Document Received Licensing file received from Central Office.
04/01/2013	Application Incomplete Letter Sent
10/18/2013	Inspection Completed On-site
10/25/2013	Inspection Completed-BCAL Sub. Compliance
12/04/2013	Inspection Completed On-site
12/23/2013	Inspection Completed-BCAL Full Compliance Verification of handrails for front porch received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a two story structure with a fully finished walk out lower level. The facility is situated in a landscaped property and located in a residential neighborhood with similar type single family dwellings. The facility has a paved driveway, in addition to an attached three car garage which provides adequate off street parking for visitors and members of the household. The main level of the facility consists of a living room, a dining room a kitchen, a family room, a half bathroom, and a covered sun porch. The second level contains the licensee's private living quarters and includes the bedrooms for each of their children. There is a shared full bathroom and a full bathroom adjoining the master bedroom.

The walk out level contains the residents' living area. There are two multi-occupancy bedrooms, a full bathroom a living room and a covered porch.

The facility is within a few miles from local community resources, such as retail shopping, hospitals, schools, public facilities such as the library, post office and recreational facilities.

The furnace and hot water heater are located in the basement with two 1-3/4 inch solid core doors, each equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The licensee installed additional battery powered smoke detectors in each of the resident bedrooms. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'3" x 13'6"	233	3
2	11'3" x 13'	146	2

The living room area measures a total of 267 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, Alzheimers, physically handicapped and/or traumatic brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

On 2/27/2013, Alicja Walenska and Slawomir Walenski, a married couple, submitted an application to provide adult foster care services at their home on 8109 High Point Trail, White Lake, Michigan.

A licensing record clearance request was completed with no LEIN convictions recorded for each of the applicants. The applicants and responsible person submitted medical clearance requests with statements from their respective physicians documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for adult foster care residents along with outside employment.

The applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensees reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicants 24 hours a day/7 days a week with the responsible person on call to provide supervision in relief.

The applicants acknowledge an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home. Mr. Slawomir Walenski, has seventeen years of experience providing services to the proposed client population as a licensed physical therapist. Ms. Alicja Walenska worked for three years in a home health care agency setting, where she was responsible for patient record maintenance.

The applicants 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.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicants have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers

or staff working directly with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicants acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledge an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicants have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge their responsibility to obtain the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicants acknowledge their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

The applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home for a maximum capacity of five (5).

Mildred A. Schwarcz

01/08/2014

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

01/08/2014

Denise Y. Nunn
Area Manager

Date