



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

July 28, 2014

Claudia Palchak  
Claudia Palchak, LLC  
2394 21st St.  
Wyandotte, MI 48192

RE: Application #: AS820355096  
Claudia's Cottage  
1404 Chestnut St.  
Wyandotte, MI 48192

Dear Ms. Palchak:

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820355096
<b>Applicant Name:</b>	Claudia Palchak, LLC
<b>Applicant Address:</b>	2394 21st St. Wyandotte, MI 48192
<b>Applicant Telephone #:</b>	(734) 925-0868
<b>Administrator/Licensee Designee:</b>	Claudia Palchak
<b>Name of Facility:</b>	Claudia's Cottage
<b>Facility Address:</b>	1404 Chestnut St. Wyandotte, MI 48192
<b>Facility Telephone #:</b>	(734) 407-7039
<b>Application Date:</b>	01/08/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/08/2014	Enrollment
01/15/2014	Application Incomplete Letter Sent
02/28/2014	Contact - Document Received Policies and procedures received from applicant Claudia Palchak.
03/14/2014	Contact - Document Sent Sent an email to applicant requesting additional information regarding policies and procedures as well as training.
03/18/2014	Technical Assistance Provided TA to the applicant regarding training and experience requirements as well as required policies and procedures.
05/01/2014	Contact - Document Received Received updated policies and procedures, proof of direct care training, proof of experience, and other required paperwork from the applicant.
05/05/2014	Application Complete/On-site Needed
06/04/2014	Inspection Completed-BCAL Sub. Compliance
07/16/2014	Inspection Completed-BCAL Full Compliance
07/16/2014	Comment The licensee designee provided proof that all wall paper in the facility is class C or better. The supporting documentation is in the facility file.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in the city of Wyandotte, east of I-75 freeway. The home is a large three-story all white aluminum-sided home on a residential lot. The home has a large 3<sup>rd</sup> floor living room that will be used as a multi-purpose room for staff. Residents will not access the 3<sup>rd</sup> floor.

The home has an enclosed front porch with a sitting area. The second floor southeast bedroom exits to a furnished outdoor patio/sitting area. The home also has a large fenced in backyard with an attached deck for additional outdoor sitting.

The kitchen, dining room and adjacent hallway, 1<sup>st</sup> floor west bedroom, and 1<sup>st</sup> floor south bedroom is wallpapered. The applicant has provided supporting documentation from the City of Wyandotte's Fire Chief and product specification reports from the wall paper manufacturer classifying all of the wall paper is class C or better. The documentation has been placed in the facility file, in addition; the applicant has been advised to maintain a copy of the supporting documentation in the facility.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The 3<sup>rd</sup> floor multi-purpose room also has a furnace that is fully enclosed and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square Footage	Total Resident Beds
West bedroom	9'2" x 10'5"	96 sq. ft.	1
South bedroom	9' x 8'10"	79 sq. ft.	1
Northwest bedroom	10'2" x 9'3"	94 sq. ft.	1
Northeast bedroom	9'9" x 10'9" + 2'5" x 3'5"	114 sq. ft.	1
Southwest bedroom	9'11"x 9'2"	90 sq. ft.	1
Southeast bedroom	12'9" x 13'9" + 2'2" x 4'4"	184 sq. ft.	1

The living, dining, and sitting room areas measure a total of **605** 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 **six (6)** 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 the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is Alzheimer's and the aged in the

least restrictive environment possible. The home is not wheel chair accessible. The program will include social interaction skills, personal hygiene, and personal adjustment skills.

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, if applicable.

The licensee will provide/ensure all transportation for resident needs. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Claudia Palchak, L.L.C., which is a Domestic Limited Liability Company established in Michigan, on 12/17/2013. 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 Board of Directors of Claudia Palchak, L.L.C. has submitted documentation appointing Claudia Palchak as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification 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.

The licensee designee 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](http://www.miltcpartnership.org)), Idento by MorphoTrust , and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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, the licensee designee 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.

The licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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.

The licensee designee 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 licensee designee 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.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of 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 licensee designee acknowledges 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.

The licensee designee acknowledges their 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 applicant was 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 AFC adult small group home (capacity 1-6).



\_\_\_\_\_  
Pandrea Robinson  
Licensing Consultant

07/28/14  
Date

Approved By:



\_\_\_\_\_  
Ardra Hunter  
Area Manager

07/28/14

\_\_\_\_\_  
Date