



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 19, 2014

Voichita Boboc
23920 Napier Rd.
Novi, MI 48374

RE: Application #: AS630318285
Blossom Hill #1
56565 10 Mile Road
South Lyon, MI 48178

Dear Voichita Boboc:

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 (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 #:	AS630318285
Applicant Name:	Voichita Boboc
Applicant Address:	23920 Napier Rd. Novi, MI 48374
Applicant Telephone #:	(248) 888-7707
Administrator/Licensee Designee:	Voichita Boboc
Name of Facility:	Blossom Hill #1
Facility Address:	56565 10 Mile Road South Lyon, MI 48178
Facility Telephone #:	(248) 888-7707
Application Date:	04/19/2012
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/19/2012	Enrollment
04/23/2012	Contact - Document Sent Rules & Act booklets
05/08/2012	Application Incomplete Letter Sent
05/28/2014	Inspection Completed On-site
08/10/2014	Application Complete/On-site Needed
08/11/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a one level structure, with a basement. The exterior walls are made of stucco and stones. The basement, which will not be accessed by residents, is partially finished. The main level living area consists of four single occupancy bedrooms, one double occupancy bedroom, a dining room, a kitchen, a living room, and two full bathrooms. There is a large finished deck with an approved wheelchair ramp in the rear of the house. There is also an approved wheelchair ramp off of the front means of egress.

The home is located in a residential area in South Lyon and it is in a neighborhood consisting of single family dwellings. There is adequate off street parking for staff and visitors at the front of the house. The home is within a few miles from retail shopping, grocery stores, hospitals, places of worship, and other community-based resources.

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 the top of the stairs. The facility is equipped with an inter connected, 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3"x12'+4'x7'	139	1
2	9'3"x13'	120	1
3	9'3"x16'3"+2'6"x10'9"	177	1
4	14'3"x9'3"+2'6"x8'9"	154	1
5	11'6"x12'+4'8"x7'	171	2

The living and dining room areas measure a total of 397 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

On 4/19/2012, Voichita Boboc submitted an application for a license to provide adult foster care services at 56565 10 Mile Road, South Lyon, Michigan. It should be noted that Ms. Boboc currently has one licensed adult foster care small group home in Farmington Hills, license number AS630307279. It should also be noted that Ms. Boboc is currently caring for six elderly individuals in her home at 23920 Napier Road, Novi, Michigan. Ms. Boboc previously submitted applications to operate an adult foster care facility at this location; however, the city of Novi would not grant full approval for her existing private sewage disposal system. The residents refused to relocate from the Novi residence until now that Ms. Boboc applied for a license for the South Lyon residence. It is Ms. Boboc's intent to transfer all six residents from the Novi residence to the South Lyon residence once the original license is issued. All six residents would be bringing their furnishings with them.

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 and female ambulatory and non-ambulatory adults who are aged and/or diagnosed with Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene and personal adjustment skills. Residents will be referred from local hospitals and other community referral 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.

The licensee will assure that the residents have access to transportation for program and medical needs. 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, whenever appropriate.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

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

The licensee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Boboc has been caring for individuals with Alzheimer's since 2009. She completed training in areas required by the licensing rules.

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

The applicant acknowledged 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 applicant 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 applicant acknowledged 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 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.

The applicant acknowledged 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 applicant acknowledged 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 applicant acknowledged 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 applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledged 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 applicant acknowledged 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.

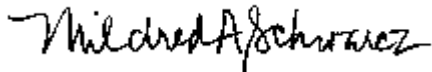
The applicant acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 adult foster care small group home (capacity 1-6).

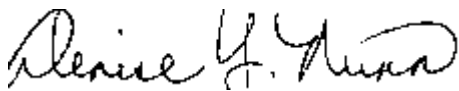


08/19/2014

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



08/19/2014

Denise Y. Nunn
Area Manager

Date