



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 10, 2014

Daniel Sandor
29531 John Hawk
Garden City, MI 48135

RE: Application #: AF820350530
Blessed Assisted Living
29531 John Hawk
Garden City, MI 48135

Dear Mr. Sandor:

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,

Karen Davis, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 296-5412

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820350530
Applicant Name:	Daniel Sandor
Applicant Address:	29531 John Hauk Garden City, MI 48135
Applicant Telephone #:	(734) 564-9794
Licensee:	Daniel Sandor
Name of Facility:	Blessed Assisted Living
Facility Address:	29531 John Hauk Garden City, MI 48135
Facility Telephone #:	(734) 564-9794
Application Date:	10/23/2013
Capacity:	6
Program Type:	AGED/ ALZHEIMER'S

II. METHODOLOGY

10/23/2013	Enrollment
10/23/2013	Application Incomplete Letter Sent need 1326's for hm over 18
03/03/2014	Application Incomplete Letter Sent
04/30/2014	Contact - Telephone call received Mr. Sandor stated he mailed the requested documents noted in the incomplete application letter. As of today documents have not been received. Sending out another request if the information is not received will close out the enrollment.
05/01/2014	Application Incomplete Letter Sent Second request.
07/30/2014	Inspection Completed-BCAL Sub. Compliance
09/19/2014	Inspection Completed On-site
09/19/2014	Inspection Completed-BCAL Full Compliance
09/22/2014	PSOR on Address Completed
10/08/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in the residential area of Garden City MI. The facility address is 29531 John Hawk, Garden City MI 48135. The home is a large two story house with an attached garage and large driveway. The home resembles a mini mansion. The home has three large bedrooms on the main floor and one full bath on the main floor. The home has a large living room area and large kitchen. The kitchen has a large dining room table that can seat ten people for dinning. There is a laundry room for the residents. The kitchen has a patio door that leads to a patio deck that has rails on all sides and leads to a wooden wheelchair ramp. The second floor has a full bath and four bedrooms upstairs. There is also laundry room which will be used by the family. No residents will be allowed on the second floor.

The home has two wheelchair ramps one in the front of the house and in the rear of the home. This home is wheelchair accessible.

The home utilizes public water supply and sewage disposal system.

The gas furnace and hot water heater are located in the basement. The heating plant 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 battery-powered, single-station smoke detectors that have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	14'8"x13'11"	194	2
Bedroom #2	12'1"x15'11"	183	2
Bedroom #3	14'x12'4'	173	2

The indoor living and dining areas measure a total of **(90)** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **(6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The applicant Daniel Sandor is aware that the capacity for the home will be six **(6)** residents. Applicant Daniel Sandor, his wife, and three young children reside in the home at present. The applicant Daniel Sandor acknowledges he must notify his licensing consultant if more family members move into the home, because this may decrease his capacity.

B. Program Description

The applicant Daniel Sandor intends to provide 24-hour supervision, protection and personal care to **(6)** male and female residents who are aged, or who have Alzheimer's disease or related conditions. The program will include social interaction personal adjustment, and transportation. The applicant intends to accept referrals with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant Daniel Sandor to utilize local community resources for recreational activities including the (public schools and library, local museums, shopping centers, churches, etc.). These resources provide an environment to enhance the quality of life of residents

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant Daniel Sandor and responsible person Minadora Sandor and Tabita Sandor were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant Daniel Sandor and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant Daniel Sandor has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant Daniel Sandor acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six **(6)** residents will be the responsibility of the family home applicant Daniel Sandor, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant Daniel Sandor acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant Daniel Sandor acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant Daniel Sandor acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant Daniel Sandor acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant Daniel Sandor acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant Daniel Sandor indicates 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 Daniel Sandor 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.

The applicant Daniel Sandor acknowledged the 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.

The applicant Daniel Sandor acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

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

The applicant Daniel Sandor acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant Daniel Sandor indicated intent to respect and safeguard these resident rights.

The applicant Daniel Sandor acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant Daniel Sandor acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six **(6)**.



10/08/2014

Karen Davis
Licensing Consultant

Date

Approved By:



10/10/2014

Ardra Hunter
Area Manager

Date