



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

June 16, 2015

Simona Antonescu and Ovidiu Antonescu  
90 W. Predmore  
Oakland, MI 48363

RE: Application #: AF630357067  
Oakland View Senior Living  
90 W. Predmore  
Oakland, MI 48363

Dear Simona Antonescu and Ovidiu Antonescu:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Mildred A. Schwarcz".

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 LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630357067
<b>Applicant Name:</b>	Simona Antonescu and Ovidiu Antonescu
<b>Applicant Address:</b>	90 W. Predmore Oakland, MI 48363
<b>Applicant Telephone #:</b>	(586) 336-0985
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Oakland View Senior Living
<b>Facility Address:</b>	90 W. Predmore Oakland, MI 48363
<b>Facility Telephone #:</b>	(586) 336-0985
<b>Application Date:</b>	01/30/2014
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/30/2014	Enrollment
02/10/2014	PSOR on Address Completed
02/10/2014	Application Incomplete Letter Sent Fingerprinting & 1326/Simona & Ovidiu, 1326/Gherasim & Petru.
02/10/2014	Contact - Document Sent Act & Rules.
02/10/2014	Inspection Report Requested - Health Inv. 1022679.
02/10/2014	Application Incomplete Letter Sent Environmental Health Inspection (EHI).
02/20/2014	Contact - Telephone call received From applicant. Will not be ready for the environmental health inspection for septic until April.
06/10/2014	Inspection Completed-Environmental Health: A
10/07/2014	Licensing Unit file referred for criminal history review Fingerprinting-Yes/Ovidiu.
10/07/2014	Application Incomplete Letter Sent EHI, SSN verification/Petru.
10/21/2014	Contact - Document Received SSN verified/Petru (conflict in BITS is with a different People screen).
10/21/2014	Application Complete/On-site Needed
10/21/2014	File Transferred To Field Office Pontiac.
10/29/2014	Application Incomplete Letter Sent
05/06/2015	Contact - Telephone call made Scheduled initial onsite inspection.
05/18/2015	Inspection Completed On-site
06/02/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single story brick structure, consisting of the original main house and an addition on the north end. It is located in the township of Oakland, in a neighborhood with similar style single family dwellings. The licensees and their family members intend to continue residing within the main house and the adult foster care residents will occupy the north section. The facility has a two car attached garage and a concrete driveway, providing adequate parking for the applicants, their family, and visitors.

The original main house consists of three bedrooms, the living room, the dining room, the kitchen, the master bathroom, one full bathroom and one half bathroom. The residents' living area consists of one single occupancy bedroom, two double occupancy bedrooms, a living room, a dining room, one full bathroom, one wheelchair accessible bathroom and a laundry room. Meals for the residents will be prepared in the main kitchen. There is a French door separating the private living quarters from the residents' living area. The licensees stated they intend to provide a microwave oven and a refrigerator within the residents' living area to provide easy access at any time. Laundry facilities for the licensees and their family members are located in the basement.

The facility utilizes a private water supply and sewage disposal system. The Oakland County Health Department inspected the facility on 6/10/2014 and granted full approval. It was noted that a new septic field was installed on 6/7/2014 to be in compliance and to accommodate the needs of 10 occupants, in addition to the licensees.

There are two furnaces and two hot water heaters located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The facility is equipped with two ramps, one from the front and primary means of egress and the other from the rear exit. The licensees intend to accept wheelchair users for placement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 11'6"	150	2
2	13' x 11'6"	150	2
3	11'9" 14'10"	174	1

The living and dining sitting room areas measure a total of 438 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. In addition, the main house contains a spacious living room and a large dining room.

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 licensees intend to provide 24-hour supervision, protection and personal care to five (5) ambulatory and non-ambulatory residents, whose diagnosis is aged or Alzheimers or physically handicapped. 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 licensees 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. The facility is located within a few miles of a downtown shopping district and parks.

## **C. Applicant and Responsible Person Qualifications**

On 2/3/2014, Simona and Ovidiu Antonescu, a married couple, submitted an application for a license to provide adult foster care services for up to five (5) individuals who are aged, physically handicapped and/or diagnosed with Alzheimers. At the present time, in addition to the licensees, they have four children and a grandparent living with them.

Licensing record clearance requests were completed with no LEIN convictions recorded for the licensees, each responsible person, and adult members of the household. The licensees and responsible person submitted medical clearance requests with statements from their physicians documenting their good health and current TB-tine negative results.

The licensees 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 licensees acknowledged their understanding of the residency requirement for 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 licensees 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief. Simona Antonescu stated she has volunteer experience working in licensed adult foster care settings. For one year, Mrs. Antonescu cared for her now deceased grandmother who was diagnosed with Alzheimers. For the past two years, Mr. and Mrs. Antonescu have been taking care of their grandfather, who has dementia.

The licensees acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The licensees 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)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensees acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the licensees 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 licensees acknowledged 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 licensees acknowledged 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 licensees acknowledged 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 licensees 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The licensees 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 licensees indicated that it is their intent to achieve and maintain compliance with these requirements.

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

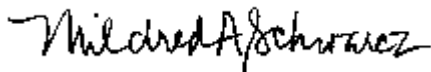
The licensees acknowledged their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensees 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.

**D. Rule/Statutory Violations**

The licensees 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 (capacity 1-6).




06/12/2015

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Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:



06/16/2015

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Denise Y. Nunn  
Area Manager

Date