



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

June 22, 2015

Claudiu Marit
5670 Greer Road
West Bloomfield, MI 48324

RE: Application #: AF630338810
Ahava Adult Foster Care
5670 Greer Road
West Bloomfield, MI 48324

Dear Claudiu Marit:

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 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 cursive script that reads "Cindy Adams".

Cindy Adams, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF630338810

Applicant Name: Claudiu Marit

Applicant Address: 5670 Greer Road
West Bloomfield, MI 48324

Applicant Telephone #: (248) 760-6543

Administrator/Licensee Designee: N/A

Name of Facility: Ahava Adult Foster Care

Facility Address: 5670 Greer Road
West Bloomfield, MI 48324

Facility Telephone #: (248) 760-6543

Application Date: 02/21/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

02/21/2013	Enrollment
03/05/2013	PSOR on Address Completed
03/05/2013	Inspection Report Requested - Health
03/05/2013	Application Incomplete Letter Sent FP/Claudiu, 1326/Claudiu and Daniela.
03/05/2013	Contact - Document Sent Act & Rules.
03/28/2013	Application Incomplete Letter Sent SSN & DLN from Green Card/Claudiu and Daniela or Employment Authorization or Work Visa.
04/01/2013	Inspection Completed-Environmental. Health: A
02/28/2014	Application Complete/On-site Needed
02/28/2014	File Transferred To Field Office Pontiac.
03/04/2014	Contact - Document Received Received Licensing File from Central Office.
10/09/2014	Application Incomplete Letter Sent
06/04/2015	Contact - Document Received Received remaining documents.
06/04/2015	Inspection Completed On-site
06/04/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ahava Adult Foster Care is located at 5670 Greer Road, West Bloomfield, MI 48324. The home is a ranch style brick home located in a suburban area of Oakland County with similar construction homes. The main entrance opens into a living room with the dining room, bathroom and kitchen situated to the left. To the right of the main entrance are the laundry room, bathroom and 5 resident bedrooms. To the rear of the home is Mr. and Mrs. Marit's living quarters which consist of 3 bedrooms, a family room, 2

bathrooms, a laundry room, an office and a kitchen. The home utilizes a private water supply and a public sewage disposal system.

The home has an attached garage and is not equipped with a basement. The heating plant unit is located in the laundry room and contains the furnace, water softener tank and filter system. The home is also equipped with a digital tank less water heater that is located in the laundry room at the back of the home.

The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor located at the front of the home.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up 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	11'5" x 14'1"	161	1
2	10'9" x 12'6"	134	1
3	13'3" x 11'6"	152	1
4	17'7" x 13'4"	234	2
5	13'4" x 13'3"	163	1

The indoor living and dining areas measure a total of 839 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.

B. Program Description

Claudiu Marit submitted an application for an original license on 2/21/2013 for a family home and has designated his wife, Daniela Marit to act as the responsible person. The application indicates that the home will accept both male and female residents who are developmentally disabled, physically handicapped and who suffer from Alzheimer's disease. Residents can be ambulatory or non-ambulatory as the home is barrier free by design.

Mr. Marit intends to provide 24-hour supervision, protection and personal care to six (6) residents. 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 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

A licensing record clearance request was completed with no LEIN convictions recorded for Claudiu Marit. Mr. and Mrs. Marit submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Marit has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Mr. Marit acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides 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 (6) residents will be the responsibility of the family home applicant 24 hours a day 7 days a week with the responsible person on call to provide supervision in relief.

Mr. Marit acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Mr. Marit 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Marit acknowledges an understanding of the administrative rules regarding medication procedures. 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.

Mr. Marit acknowledges 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 applicant acknowledges 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.

Mr. Marit 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.

Mr. Marit acknowledges 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.

Mr. Marit 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.

Mr. Marit acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Marit acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Marit acknowledges 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 applicant 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.

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 family home (capacity 1-6).

Cindy Adams

06/22/2015

Cindy Adams
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

06/22/2015

Denise Y. Nunn
Area Manager

Date