

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER DIRECTOR

August 28, 2015

Laura Anderson Emmanuel Senior Living, LLC Suite 177 145 S. Livernois Rochester Hills, MI 48307

> RE: Application #: AS630348375 Emanuel Senior Living LLC 5589 John R Road Troy, MI 48085

Dear Mrs. Anderson:

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,

Tphanic William

Stephanie A. Williams, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (586) 256-2097

enclosure

#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS LICENSING STUDY REPORT

# I. IDENTIFYING INFORMATION

License #:	AS630348375	
Applicant Name:	Emmanuel Senior Living, LLC	
Applicant Address:	Suite 177	
	145 S. Livernois	
	Rochester Hills, MI 48307	
Applicant Telephone #:	(248) 812-9177	
Administrator/Licensee Designee:	Laura Anderson	
Name of Facility:	Emanuel Senior Living LLC	
Facility Address:	5589 John R Road	
	Troy, MI 48085	
Facility Telephone #:	(248) 812-9177	
Application Date:	09/03/2013	
Capacity:	6	
December Trace		
Program Type:	AGED	
	ALZHEIMERS	
	PHYSICALLY HANDICAPPED	

# II. METHODOLOGY

09/03/2013	Enrollment
09/16/2013	Application Complete/On-site Needed
09/16/2013	File Transferred To Field Office Pontiac.
09/16/2013	Contact - Document Sent Act and Rules.
03/26/2014	Contact - Document Received Contact Document was just sent to our office from Lansing on Monday, 3-24-2014. Received Licensing File from Central Office on 3/24/14.
04/18/2014	Application Incomplete Letter Sent Attempted to complete on 04/07 but could not open template.
01/05/2015	Contact - Telephone call made Telephone call made to schedule onsite. Left voice message.
06/15/2015	Inspection Completed-BCAL Sub. Compliance All physical plant issues have been corrected. Waiting for corrections and submittal of missing supportive documents required for licensure.
06/15/2015	Application Incomplete Letter Sent Supportive documents needed.
06/15/2015	Inspection Completed On-site
06/29/2015	Contact - Document Received Received revised and missing supportive documents.
07/06/2015	Contact - Document Received Updated CPR/First Aid received for proposed licensee designee.
07/08/2015	Contact - Document Received Supportive document received.
07/28/2015	Contact - Document Received Licensing Clearance Record received for spouse.
08/18/2015	Contact - Document Received Email received from Mrs. Sandoval-Barrera.

08/18/2015	Contact - Document Sent Email sent to Mrs. Sandoval-Barrera.
08/18/2015	Contact - Telephone call received Spoke to Mrs. Sandoval-Barrera.
08/19/2015	Contact - Face to Face Received supportive documents from Mrs. Sandoval-Barrera.
08/19/2015	Inspection Completed On-site
08/24/2015	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### A. Physical Description of Facility

This proposed facility is a two-story colonial style brick dwelling with aluminum trim situated on fully landscaped front and backyard in Troy, a suburb north of the City of Detroit. The facility is owned by Leonardo Ochoa and Teresita Sandoval-Barrera, the licensee designee and administrator is Mrs. Laura Anderson. The facility is leased to the corporation to be used as an adult foster care facility. The facility has a proposed occupancy of six adult foster care residents, the maximum occupancy permitted in an adult foster care small group home. Mrs. Anderson, her husband and children will reside in the home. Ms. Sandoval-Barrera will work as direct care staff. The community is serviced by public water; the sewage system is a septic field. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. To service residents with mobility impairments, the facility is wheelchair accessible as both the front and rear egress doors lead directly to firmsurfaced, unobstructed concrete which allows the occupant to move a safe distance away from the building as required by Rule 400.14509. There is also a third ramp located in the garage that will assist residents loading on and off transportation but will not be used as a means of egress. The home also has a fireplace. The facility features gas, forced-air heating and central air conditioning. Laundry facilities are located in the basement of the facility including a gas-dryer with a solid galvanized metal duct.

Medications will be secured and locked in a hallway closet located by the kitchen. Caustics will be stored and safeguarded in a non-resident area of the home. There are alarms installed for the egress doors and the facility is equipped with an interconnected smoke detection system.

The interior of the home includes a two living areas, five bedrooms, two full baths and ½ bathroom, (bathroom#1 has wheelchair accessible shower stall with no bathtub), a kitchen, and basement. The dining table is located next to the kitchen area. The dimensions, square footage, and capacity limits are as follow:

Living area #1		16' x 17'1" 8' x 10'.5" 16'9" x 11'6"	356.64 square feet	
Living area #2/TV.	plus		214.6 square feet	
Total living space: 571.24 square feet				
Bedroom #1		16'4" x 9.11'		
Bedroom #2	plus	1'8" x  2'9" 12'7" x 9'9"	167 square feet capacity 2	
Bedroom #3	plus	1' x 2'.5" 15'.2" x 7'4"	129 square feet capacity 1	
Bedroom #4	plus	3'4" x 5 11'11" x 9'9"	128 square feet capacity 1	
Bedroom #5	minus	1'10" x 3 (for wardrobe) 10'6" x 10'3"	111 square feet capacity 1	
	minus	1'10" x 3 (for wardrobe)	103 square feet capacity 1	
			Total capacity: 6	

The square footage of community space is adequate for the facility to accommodate up to six AFC residents and three household members. Based solely on square footage of the bedrooms; bedroom #1, has the capacity of 2 residents and bedrooms #2, #3, #4 and #5 has the capacity limit of one resident.

## **B.** Program Description

The admission policy, discharge policy, program statement and refund agreement have been submitted and do not conflict with the licensing requirements. Emanuel Senior Living, LLC is a small group adult foster care facility with the capacity to provide services for six ambulatory or non-ambulatory residents. The facility stated objectives are to provide a family atmosphere and qualified caregivers giving residents compassionate care, a dignified, safe and secure living environment for those that have Alzheimer's, Dementia, Physically Handicapped and or are Aged. It is the goal of Emanuel Senior Living, LLC to meet the residents' needs in a compassionate, dignified and humane manner.

Emanuel Senior Living LLC is a limited liability corporation formed on 08/12/2013, in good standing and approved to conduct business in the State of Michigan. A letter from the board of directors has been received designating Mrs. Anderson as the licensee designee/administrator. A licensing clearance request has been received and processed for Mrs. Laura Anderson, licensee designee/administrator, verifying her good moral character. The applicant has submitted financial documentation assuring the financial capability and stability of this corporation. Mrs. Anderson and Mrs. Sandoval-Barrera have submitted the appropriate educational, training, employment

documentation and resume to establish that Mrs. Anderson has the required experience and education to provide and deliver adult foster care services to the Aged, Alzheimer's, Dementia, and Physically Handicapped adults in the State of Michigan.

Mrs. Anderson has several years of experience of working with the identified population through her work with and educational experience meeting requirement of R 400.14201(4) (c). Mrs. Anderson received a bachelor degree in nursing from Guanajuato, Mexico in 1991 and Certified Nursing Assistant Certificate in 2012 obtained in Michigan. Mrs. Anderson has prior work experience in intensive care, home health care (geriatrics) and training in financial and administrative management.

Medical clearances and negative tuberculin test results have also been received for Mrs. Anderson and Mr. Stephen Anderson (husband and wife) verifying they are in good mental and physical health and has no limitations to work with or around adult foster care residents. Medical clearances have been received for Mr. and Mrs. Anderson's minor children that will live in the home as well. I provided technical assistance to the applicant to facilitate her compliance with statutory and rule requirements for the maintenance of the facility and resident records including the handling and accounting of resident funds. I provided technical assistance as to compliance with statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

#### C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

## IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Scohenie William

08/24/2015

Date

Stephanie A. Williams Licensing Consultant

Approved By: Denice J. Murn

08/28/2015

Denise Y. Nunn Area Manager Date