



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

August 31, 2015

Emilia Todor
41346 Llorac Lane
Northville, MI 48167

RE: Application #: AF630378404
Amy's Place
41346 Llorac Lane
Northville, MI 48167

Dear Ms. Todor:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Karen Davis".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630378404
Applicant Name:	Emilia Todor
Applicant Address:	41346 Llorac Lane Northville, MI 48167
Applicant Telephone #:	(248) 432-1850
Licensee:	Emilia Todor
Name of Facility:	Amy's Place
Facility Address:	41346 Llorac Lane Northville, MI 48167
Facility Telephone #:	(248) 432-1850
Application Date:	06/19/2015
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/19/2015	Enrollment
06/23/2015	Contact - Document Received Medical clearance & TBs results for Emilia, Roxanne, Jessica.
07/10/2015	PSOR on Address Completed
07/10/2015	File Transferred To Field Office Pontiac.
07/10/2015	Contact - Document Sent Act&Rules.
07/15/2015	Contact - Document Received Licensing file received from Central office and transferred to Detroit office for assignment.
07/17/2015	Application Incomplete Letter Sent
07/28/2015	Application Complete/On-site Needed
07/28/2015	Inspection Completed On-site
08/06/2015	Inspection Completed On-site Follow up on compliance in regards to needed physical plant changes to process the application.
08/06/2015	Inspection Completed On-site – Full compliance. Contact - Document Received – Medical clearance and record clearance request for Partenie Todor.
08/17/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential subdivision in Oakland County MI. The address of this family group home is 41346 Llorac Lane Northville, MI 48167. The neighborhood is quite and picturesque. The facility is a large ranch brick home with a large living room area, family room, and large kitchen and dining area that seats six. There are six bedrooms and four full baths. The facility has a large back yard and three car garage. There is a circular driveway that will accommodate ample parking. The home is air conditioned and uses gas heat.

The residents will be housed on the main floor. The family will be residing in the basement which has its own full bathroom. Residents are not allowed in the basement. The home is equipped with a wheelchair ramp in the rear of the home with an approved means of egress.

The home utilizes public water supply and sewage disposal system. The facility utilizes gas heat. The gas furnace and water heater is housed in the basement. The enclosed room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility has battery-powered, single-station smoke detectors, and has been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The smoke detectors were tested and were working at the time of the on-site inspection. Each of the exit doors have alarms that sound when opened.

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'x12'	168	1
Bedroom #2	14'x12'	168	vacant
Bedroom #3	16'x14'	224	2
Bedroom #4	16'x11'	176	vacant
Bedroom #5	12'x12'	144	2
Bedroom #6	13'x11'	143	1

The indoor living and dining areas measure a total of 920 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

Emilia Todor intends to provide 24-hour supervision, protection and personal care to six (6) resident's female and/or married couple(s) who are aged and/or with Alzheimer's disease or related conditions. The program will include social interaction; training to develop personal hygiene, and personal adjustment. The applicant intends to accept residents 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 Emilia Todor 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 Emilia Todor and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The Emilia Todor and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The Emilia Todor has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside income.

The Emilia Todor acknowledged the requirement that the licensee(s) 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 Emilia Todor, 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 Emilia Todor 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 Emilia Todor acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The Emilia Todor acknowledged an understanding of the responsibility to assess the good moral character of employees. The Emilia Todor acknowledge(s) 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 Emilia Todor acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant (s) indicate(s) that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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

The Emilia Todor 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 Emilia Todor.

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

The Emilia Todor 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 Emilia Todor acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

C. Rules or 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).



08/31/15

Karen Davis
Licensing Consultant

Date

Approved By:



08/31/15

Ardra Hunter
Area Manager

Date