



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 31, 2016

Dorina Leahu
29139 Bock
Garden City, MI 48135

RE: Application #: AF820367218
Darling Assisted Living
29139 Bock
Garden City, MI 48135

Dear Mrs. Leahu:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, denial of issuance of a license is recommended. You will be notified in writing of the Agency's intention and your options for resolution of this matter.

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 blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste., 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820367218
Applicant Name:	Dorina Leahu
Applicant Address:	29139 Bock Garden City, MI 48135
Applicant Telephone #:	(313) 737-5117
Administrator/Licensee Designee:	N/A
Name of Facility:	Darling Assisted Living
Facility Address:	29139 Bock Garden City, MI 48135
Facility Telephone #:	(313) 737-5117 10/13/2014
Application Date:	
Capacity:	3
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/13/2014	Enrollment
10/17/2014	Contact - Document Sent Act and Rule Books
10/17/2014	Application Incomplete Letter Sent 1326 for Tabita, Estera, Florin
10/24/2014	Contact - Document Received 1326 for Florin, Tabita, and Estera
10/24/2014	Comment Tabita is still a minor
10/24/2014	PSOR on Address Completed
10/24/2014	File Transferred To Field Office Detroit
01/25/2015	Contact - Document Received
02/11/2015	Application Incomplete Letter Sent
03/11/2015	Contact - Telephone call made regarding required documentation
04/17/2015	Inspection Completed On-site
06/12/2015	Inspection Completed On-site
06/17/2015	Inspection Completed-BCAL Sub. Compliance
08/19/2015	Corrective Action Plan Received
09/11/2015	Corrective Action Plan Disapproved
09/11/2015	Contact - Telephone call made content of the CAP
09/30/2015	Corrective Action Plan Received CAP
10/22/2015	Corrective Action Plan Disapproved

11/04/2015	Corrective Action Plan Received
11/06/2015	Corrective Action Plan Disapproved
11/06/2015	Corrective Action Plan Approved
11/19/2016	Comment
01/27/2016	Inspection Completed Onsite
01/27/2016	Inspection Completed-BCAL Sub Non- Compliance
01/27/2016	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Darling Assisted Living home is located in a residential area in Garden City. The home is a two story structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, family room, laundry room, 1 full bathroom, ½ bathroom and two bedrooms.

The second floor consists of 5 bedrooms and 2 full bathrooms. The House Guidelines prohibit residents from accessing the second floor.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The home is equipped with interconnected, hardwire 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 home has one ramp at the second means of egress; the back door. The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The resident's bedrooms and the family room were measured during the initial inspection and have the following dimensions.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 X 10	120	1
2	12 X 11	132	2

The family room measurement is 320 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The applicant has requested a license for 4 residents, and based on the above information can accommodate 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity, however, there are 4 residents currently residing in the home.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory and non-ambulatory, male and female elderly adults whose diagnosis is Alzheimer, dementia or other aging illnesses. The program will include social interaction skills and personal hygiene. The applicant does not intend to provide, public safety skills and transportation.

The applicant does not intend to utilize local community resources including the public schools, 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 Household

Dorina Leahu is the applicant. The applicant lives in the home with husband, Florin Leahu, and 5 children, ages 19, 17, 15, 11 and 2. The 2 year old is disabled. The applicant has designated her 19 year old daughter, Estera Leahu, as the responsible person, who is available to provide care to residents in the applicant's absence. Estera is available after 5:00 p.m. on week days.

A licensing record clearance request was completed with no convictions recorded for the applicant or responsible person. The applicant, responsible person and occupants of the home submitted a medical clearance request with statements from a physician documenting they are in good health and TB is not active in the home at this time.

On 01/26/2015 and on 03/05/2015, the applicant submitted bank statements from her bank account, she is the sole owner. The applicant's source of income is from the funds the residents pay to the home and her husband's employment. On 01/27/2016, the applicant's husband stated financial resources available from his employment have decreased due to a reduction in hours worked outside the home. The applicant stated the funds the 4 residents pay to the home is greater than her husband's employment.

The supervision of residents in this family home proposed to be licensed for (3) 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.

The applicant has not demonstrated knowledge and understanding of the supervision required of residents identified in the program type. The applicant submitted a daily schedule which documents the applicant as the sole responsible person caring for 4 residents in which Resident A is bedridden, Resident B and C are non-ambulatory and use wheelchairs, and Resident D is 88 years old with dementia. The applicant

documented that her daughter and husband will help when they are not working outside the home.

The licensee or responsible person must have the physical and mental capability to implement emergency procedures for fire, weather, environmental, and mental emergencies to protect the safety and welfare of residents.

The applicant has acknowledged the **lack of ability** to implement emergency procedures for safe fire evacuation as the sole responsible person of the current 4 residents, according to the Fire Marshal standard of 4 minutes.

The applicant has **not** demonstrated knowledge and understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home. The applicant submitted a daily schedule which indicated her daughter and husband will help provide care to residents when they are not working outside the home. The applicant did not demonstrate that her husband and daughter are suitable to meet resident physical, emotional, social, and intellectual needs, and have the skills required by residents identified in the program type and the 4 residents currently in the home.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant has **not** demonstrated knowledge and 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 is currently admitting residents to the home and providing adult foster care without a license.

The applicant 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.

The applicant 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.

The applicant 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.

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

The applicant 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.

R 400.1404

Licensee, responsible person, and member of the household; qualifications.

(3) A licensee or responsible person shall possess all of the following qualifications:

(b) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.

Ms. Leahu submitted an application with the following program types, aged, Alzheimer's and wheelchair accessible.

Before submitting application for adult foster care licensure, Ms. Leahu began admitting residents to her home and providing adult foster care in violation of Public Act 218 R.400.713(1). At the time of initial onsite on 04/17/2015, Ms. Leahu had 2 residents and during the licensure process admitted 2 additional residents.

Ms. Leahu's residents have the following needs: Resident A is bedridden, Resident B and C are non-ambulatory and use wheelchairs, and Resident D is 88 years old with dementia. Ms. Leahu submitted a daily schedule in which she is the sole responsible person caring for the needs of these residents with the help of her husband and daughter when they are not working outside the home. Neither Ms. Leahu, her husband nor daughter are suitable as a sole responsible person to meet the needs of the 4 vulnerable residents in care. The ratio of responsible person to residents is not adequate for the

supervision, personal care, and protection of residents in care. One person cannot implement emergency procedures for safe fire evacuation as the sole responsible person of the current 4 residents, according to the Fire Marshal standard of 4 minutes. Additionally, if one responsible person is providing care such as preparing meals, administering medication, laundering clothes, toileting, changing an adult incontinent brief, redirecting resident behaviors or handling an emergency, there is no other responsible person available to meet the needs of the residents.

Ms. Leahu submitted a daily schedule which documents inadequate supervision to provide for the care and welfare of the 4 vulnerable residents currently in her care. Therefore, Ms. Leahu is not suitable to make appropriate decisions related to personal care, protection, and supervision of vulnerable adults in accordance with the provisions of the act and family home licensing rules.

VIOLATION ESTABLISHED

R 400.1404

Licensee, responsible person, and member of the household; qualifications.

(4) A licensee shall have sufficient financial resources to provide for the adequate care of the family and residents.

Ms. Leahu submitted an application which indicated she has sufficient financial resources to provide for the adequate care of the family and residents. Additionally, on 01/26/2015 and on 03/05/2015, Ms. Leahu submitted bank statements from her bank account, which demonstrated she has the financial resources to provide for the operation of the home for a period of at least three months. She identified her income source as her husband's employment. On 01/27/2016, Mr. Leahu stated financial resources available from his employment have decreased due to a reduction in hours worked outside the home. Ms. Leahu's primary source of income to provide for the family and residents is from the funds the 4 residents pay to the home, which is greater than her husband's employment. If issued a license, Ms. Leahu will experience a reduction in resident's income due to meeting the licensing rule requirements to only provide for 3 residents.

VIOLATION ESTABLISHED

R 400.1407

(2) A licensee shall not accept or retain a resident for care unless and until a written assessment is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kind of services and skill required of the home to meet the resident's needs are available.

Ms. Leahu submitted an application with the following program types, aged, Alzheimer's and wheelchair accessible. Ms. Leahu also submitted a program statement which states "We admit residents with Alzheimer's, dementia and other illnesses that come with old age." The amount of personal care, supervision, and protection required by the residents is not available in the home and the kind of services and skill required of the home to meet the resident's needs are not available.

At the time of my initial onsite investigation, 04/17/2015, present in the home was Ms. Leahu and her 2 year old daughter and 2 residents. Resident A was bedridden and Resident B was non-ambulatory and used a wheelchair.

On 08/06/2015, Ms. Leahu was asked to submit a daily schedule to ensure the kinds of services and skills required of the home and the amount of personal care, supervision, and protection required by the current and future residents were available in the home.

Ms. Leahu submitted two daily schedules, one on 08/19/2015 and the second one on 09/30/2015. Both daily schedules were disapproved because Ms. Leahu was the sole responsible person scheduled to provide care during the day.

On 11/06/2015, Ms. Leahu submitted a third daily schedule which indicated that she hired a staff person to ensure there will be two staff on duty at all times and if additional residents are admitted with similar care needs, additional staff will be needed. On 01/27/2016, I conducted an unannounced onsite investigation to determine if safe fire evacuation is practical. Ms. Leahu was the sole responsible person on duty. Ms. Leahu admitted she is not able to evacuate the current 4 residents from home within the State Fire Marshal recommended standard timeframe of 4 minutes. Ms. Leahu stated Resident C can walk a little. However, Resident C refused to walk when prompted. Resident D stated Resident C does not walk.

Furthermore, Ms. Leahu is the only person, in the home who possesses the skills to work with the identified population.

On 01/27/2016, I observed a wheelchair in Resident A's bedroom. I asked Resident A why is she confined to her bed and if she can use the wheelchair that is next to her bed.

Resident A stated she cannot use the wheelchair and that she is confined to her bed because she is non-ambulatory, unable to bear weight and cannot hold her head up.

The only reason other assistive devices, such as patient lift, shower gurney or geriatric chair (a recliner on wheels that can be pushed around), are not being used to increase her functional capabilities is they are not available in the home.

VIOLATION ESTABLISHED

R 400.1432

Bedroom space; “usable floor space” defined

(2) A bedroom shall have not less than 65 square feet of usable floor space per bed.

There are two beds in bedroom #1. Bedroom # 1 is 120 square feet. This bedroom does not have the usable floor space for two beds.

VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend denial of issuance.



Edith Richardson
Licensing Consultant

03/15/2016

Date

Approved By:



Ardra Hunter
Area Manager

03/16/2016

Date