



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 3, 2016

Besnik Gojka
5019 Tyler Dr
Troy, MI 48085

RE: Application #: AS630380242
House Of Angels
2420 W Square Lake Rd
Troy, MI 48098

Dear Mr. Gojka:

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630380242
Licensee Name:	Besnik Gojka
Licensee Address:	5019 Tyler Dr TROY, MI 48085
Licensee Telephone #:	(248) 376-6898
Administrator/Licensee Designee:	Besnik Gojka
Name of Facility:	House Of Angels
Facility Address:	2420 W Square Lake Rd Troy, MI 48098
Facility Telephone #:	(248) 879-3245
Application Date:	11/03/2015
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

11/03/2015	On-Line Enrollment
11/12/2015	Application Incomplete Letter Sent needs updated 1326 for Gojka Besnik
12/10/2015	Application Complete/On-site Needed
12/10/2015	File Transferred To Field Office Pontiac.
12/14/2015	Contact - Document Received Licensing file received from Central office
01/08/2016	Contact - Document Received Received licensing file from Macomb County
01/08/2016	Application Incomplete Letter Sent
01/27/2016	Inspection Completed On-site
01/27/2016	Contact - Document Received Received verification of First Aid and CPR training from Mr. Gojka
01/28/2016	Contact - Telephone call made Returned call from BFS, Paul Benedict. Inspection not needed at small group home.
01/28/2016	Contact - Document Sent Email to BFS, Paul Benedict
01/28/2016	Contact - Document Received Received TB test from Mr. Gojka
02/01/2016	Contact - Document Received Received training verification from Mr. Gojka
02/04/2016	Contact - Document Received Email from Mr. Gojka. Sent return email.
02/12/2016	Contact - Document Received Email from Mr. Gojka. Sent return email.
03/03/2016	Contact- Face to Face Meeting with Mr. Gojka at office

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

The House of Angels home is a brick ranch style home located in a residential area at 2420 W. Square Lake Road in the City of Troy, MI. The home is in close proximity to emergency medical services at Troy Beaumont Hospital. The home has city water and sewer. Emergency services are available through the City of Troy police and fire departments. Parking is available in driveway in the front of the home.

The home will be managed by Licensee, Besnick Gojka, who will act as the licensee and administrator. 2015 Property Tax notice was submitted as verification that Besnik and Angelina Gojka have ownership of the property. House of Angels was previously licensed as a medium group with a capacity of 10 residents. The home closed on 11/05/2015.

The home has six bedrooms, kitchen, living room, dining room with seven chairs, sunroom, two full bathrooms, and an additional half bathroom that is part of a utility room. The hot water heater and furnace are located in a separate enclosure that can be accessed through the full bathroom at the east side of the house. The living room, sunroom and dining room offer a total of 762 square feet of living square which meets the required 35 square feet of living space for 6 residents.

The six bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8" x 7'1" 8'10" x 10'4"	164	1 twin bed
2	11'6" x 11'8"	134	1 twin bed
3	10'6" x 10'4"	108	1 twin bed
4	9'10" x 9'1"	89	1 twin bed
5	8'10" x 16'4"	144	1 twin bed
6	13'2" x 10'7"	139	1 twin bed

All six bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair and a mirror. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer were equipped with thermometers. I measured the homes water

temperature with a digital thermometer and it was found to be 106.1 degrees Fahrenheit.

The House of Angels home has an integrated hard-wired smoke detection system and an installed sprinkler system. The system appeared to be in working order. The Bureau of Fire Safety reported on 01/28/2016 that they would not be completing a 2016 inspection as the home's medium license was closed.

The home has two primary means of egress with wheelchair ramps, one at the front of the home and back of home. The egress and exit doors are equipped with positive latching, non- locking against egress hardware. The bedroom and bathroom doors are equipped with non- locking against egress hardware. The home is qualified for admission of residents who use a wheelchair.

The House of Angels has emergency procedures posted in the home. The evacuation route was seen posted near the front door of the home. For additional safety, the home has a 24/7 supervision camera system installed in the living area, sun room and dining area. The home also has an indoor fire sprinkler system and backup generator.

B. Program Description

Mr. Gojka provided a program statement, admission and discharge policies, program statement, refund policy, personnel policies, job descriptions and standard and routine practices for the home.

The applicant intends to provide 24 hour supervision for both ambulatory and non-ambulatory adults, ages 70 and over, who require some degree of assistance with their personal care and activities of daily living as a result of aging and age- related disorders that include Dementia and Alzheimers.

House of Angels will offer additional in home services that are available through outside independent providers such as pharmacy, podiatrist, home visiting dentist, vision screening, Alzheimer's association system, hospice services, psychiatrist, x-ray and ultrasound, house physician and beauty and barber shop services.

House of Angels will provide structured group activities five days a week. The activities will be based on the abilities of the residents and are designed to both encourage social interaction and to provide sensory simulation.

Mr. Gojka submitted a staffing pattern that reflects a staffing ratio of one Direct Care Aide to six residents. Monday through Friday shifts will be from 7:00 am to 7:00 pm and 7:00 pm to 7:00 am. Saturday and Sunday shifts will be from 10:00 am to 10:00 pm and 10:00 pm to 10:00 am.

Applicant and Administrator Qualifications:

Besnik Gojka has applied as the licensee for House of Angels. He submitted a credit report and two year budget for the home.

The home was initially licensed with Mr. Gojka's wife, Angjelina Gojka, as the licensee designee and administer under the name Angel from Albania. The family home AF630283270 was licensed from 07/21/2006-06/27/2013. The home later expanded to a medium group home which was licensed from 06/26/2013-11/06/2015.

Mr. Gojka received a high school diploma from Tirana, Albania in 1978. He received a Bachelor's Degree in Signal Intelligence from Tirana, Albania in 1982. He received a Master's Degree at Academia di Guerra from Civitavecchia, Italy in 1999. Mr. Gojka has been employed as a Special Education Paraprofessional at the Lamphere School District since 2001. Mr. Gojka provided caregiving and medication administration at the Angel from Albania family and medium group homes between 2006-2015. He also acted as a manager at Homebound Angels Home Care Services. Mr. Gojka's resume indicates that he speaks and writes Albanian, Italian and English.

Mr. Gojka has demonstrated competency to be a licensee designee and administrator by this caregiving experience and training verification provided. Mr. Gojka completed CPR, First AID and AED training on 01/27/2016. Mr. Gojka provided verification that he completed training on Introduction to Community Residential Services, Basic Financial Management and Administration, Providing Residential Care for the Aged Population, Safety and Fire Prevention, Environmental Emergencies, An Overview of Administering Mediations and Minimizing Errors, Alzheimer's Disease and Other Dementia Related Disorders, Licensing Rules for Adult Foster Care Small Group Homes, Communicable Diseases and Nutritious and Healthy Living in Residential Setting as of 02/01/2016. He provided a certification of completion from Flagg and Associates dated 02/01/2016 indicating that he completed 40 CEU's for Licensee Designee/Administrator Certification Training.

Mr. Gojka provided a medical statement dated 11/17/2015 which indicates that he has no physical or mental conditions that would limit his ability to work with or around dependent adults. He provided a TB chest x-ray dated 01/19/2016.

As verification of good moral character Mr. Gojka was fingerprinted on 11/17/2015.

Mr. Gojka has designated his son, Megi Gojka, to act as the designated person in his absence.

Mr. Gojka has acknowledged that he is responsible for determining the suitability and good moral character of employees hired at House of Angels. He is also aware that he is responsible for training staff at the home.

C. 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 that the department issue a temporary license to this adult foster care small group home, House of Angels, with a capacity of six residents.

The temporary license will be in effect for a six month period. Another licensing renewal will be conducted after six months.

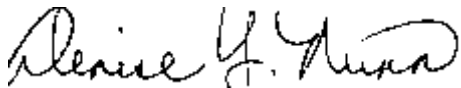


03/03/2016

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



03/03/2016

Denise Y. Nunn
Area Manager

Date