



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 10, 2016

Natalie Amcheslavsky-Reisin
The Gardens AFCF, LLC
24505 Franklin Farms Dr.
Franklin, MI 48025

RE: Application #: AS630377931
The Gardens AFCF, LLC
2753 Windsor
Troy, MI 48085

Dear Ms. Amcheslavsky-Reisin:

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 Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630377931
Applicant Name:	The Gardens AFCF, LLC
Applicant Address:	35693 Moravian Dr. Clinton Twp., MI 48035
Applicant Telephone #:	(248) 633-3556
Administrator/Licensee Designee:	Natalie Amcheslavsky-Reisin
Name of Facility:	The Gardens AFCF, LLC
Facility Address:	2753 Windsor Troy, MI 48085
Facility Telephone #:	(248) 633-3556
Application Date:	05/20/2015
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/20/2015	Enrollment
05/22/2015	Contact - Document Received Medical Clearance and & TB/Natalie.
06/08/2015	Application Complete/On-site Needed
06/08/2015	File Transferred To Field Office Pontiac.
06/08/2015	Contact - Document Sent Act & Rules.
06/10/2015	Contact - Document Received Licensing file received from Central office
02/23/2016	Application Incomplete Letter Sent
04/28/2016	Inspection Completed On-site
04/28/2016	Inspection Completed-BCAL Sub. Compliance
05/02/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Gardens AFCF, LLC is located at 2753 Windsor in Troy, MI 48085. The home is a ranch style brick home with some siding located in a suburban area of similar construction homes and has a two car attached garage. Upon entry into the home there is a spacious foyer that leads directly into the living room. The staff office is situated next to the living room. The office contains a door that leads to an enclosed sunroom at the back of the home that is equipped with a ramp. To the right of the main entrance is the dining room that lead into the kitchen. There is a hall way to the left of the foyer that leads to all four bedrooms and one of the bathrooms. The second bathroom is located inside of bedroom # 4.

The home is heated by a natural gas forced air furnace. The furnace and hot water heater are located in the garage and are equipped with an approved fire rated door with an automatic self-closing device. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

The home utilizes the public water and sewage disposal system through the City of Troy.

The home was properly furnished, neat and clean. Each bedroom has an easily operable window, a mirror for grooming and a chair. The bedrooms all have adequate closet space for storage as well as adequate lighting.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' x 12'4"	172	1
2	17'2" x 12'4"	211	2
3	13'1" x 10'9"	140	1
4	17'7" x 13'1" 7'7" x 4'9"	230 36	2
		Total Capacity	6

Measurements were taken of the indoor living space and are as follows: The foyer measured 10' x 7'7" or 75 square feet, living room measured 21'2" x 16'6" or 349 square feet, the dining room measured 16'4" x 16' or 261 square feet, the office measured 11'6" x 12'1" or 138 square feet and the sunroom measured 23'5" x 11'7" or 261 square feet. The total living indoor space is 1,084.

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

The Gardens AFCF, LLC submitted an application for an original license on May 20, 2015 for a small group home. The applicant intends to provide 24 hour supervision, protection and personal care to both males and females, 50 years of age and older who suffer from Alzheimer's disease, Traumatic Brain Injuries and who are aged and physically handicapped. Ms. Amcheslavsky-Reisin submitted a program statement specific to persons suffering from Alzheimer's disease. The program will include social interaction and services specific to each individuals need.

In addition to the above program elements, it is the intent of Ms. Amcheslavsky-Reisin to utilize local community resources for recreational activities based on the need of the residents.

Ms. Amcheslavsky-Reisin submitted prior to the on-site inspection the following facility documents: Program statement; admission and discharge policies, standard and routine procedures, designated person in the absence of the administrator, emergency preparedness plans, floor plan, furnace inspections, letter of authorization from the members for Ms. Amcheslavsky-Reisin to act on behalf of the company in licensing matters, refund and fee policies, staff training plan, staffing schedule, financial documents including proposed budget, balance sheet and income statement for the

company, credit history for licensee designee, menus, personnel policies and procedures, job descriptions, emergency repair list with telephone numbers, house rules, verification of all training completed for administrator and additional training certificates completed, warranty deed and permission to enter/inspect the premises.

C. Applicant and Administrator Qualifications

The applicant is The Gardens AFCF, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on July 14, 2009. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of The Gardens AFCF, L.L.C. have submitted documentation appointing Natalie Amcheslavsky-Reisin as licensee designee and administrator for this facility.

A criminal history background check of Ms. Amcheslavsky-Reisin was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Amcheslavsky-Reisin was fingerprinted through Identigo on April 16, 2015 (TCN# HA14005478E01) and is of good moral character with no convictions/criminal history. Ms. Amcheslavsky-Reisin submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Amcheslavsky-Reisin provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She submitted evidence of her high school graduation and verification of training materials in compliance with Rule 400.14201(3)(6). Ms. Amcheslavsky-Reisin has been involved in providing Adult Foster Care services to individuals who are physically handicapped, aged and who suffer from Alzheimer’s disease and Traumatic Brain Injuries for over six years. She is currently the licensee designee and administrator for the following licensed AFC homes in Oakland and Macomb counties under The Gardens AFCF, LLC:

AS630318143 – The Gardens AFCF, LLC
AS500304213 – The Gardens AFCF, LLC
AS500362287 – The Gardens AFCF, LLC

Based on such previous experience, Ms. Amcheslavsky-Reisin has demonstrated that she has the administrative and management expertise to run an AFC facility.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Amcheslavsky-Reisin acknowledged 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.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. 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.

Ms. Amcheslavsky-Reisin acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Amcheslavsky-Reisin acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Amcheslavsky-Reisin 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.

Ms. Amcheslavsky-Reisin acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Amcheslavsky-Reisin 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 applicant.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Amcheslavsky-Reisin indicated the intent to respect and safeguard these resident rights.

Ms. Amcheslavsky-Reisin acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Amcheslavsky-Reisin acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Amcheslavsky-Reisin acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

There were no statutory violations noted at the final inspection.

IV. RECOMMENDATION

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

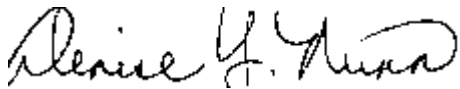


5/10/2016

Cindy Adams
Licensing Consultant

Date

Approved By:



5/10/2016

Denise Y. Nunn
Area Manager

Date