



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 13, 2016

Marius and Adriana Lunga
21535 Lundy Drive
Farmington Hills, MI 48336

RE: Application #: AF630383397
New Hope F. Care
21535 Lundy Drive
Farmington Hills, MI 48336

Dear Marius and Adriana Lunga:

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 blue ink that reads "John P. Pochas".

John Pochas, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3822

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF630383397

Applicant Name: Marius Lunga and Adriana Lunga

Applicant Address: 21535 Lundy Drive
Farmington Hills, MI 48336

Applicant Telephone #: (773) 988-5000

Administrator/Licensee Designee: N/A

Name of Facility: New Hope F. Care

Facility Address: 21535 Lundy Drive
Farmington Hills, MI 48336

Facility Telephone #: (773) 988-5000

Application Date: 06/10/2016

Capacity: 6

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/10/2016	Enrollment
06/14/2016	Contact - Document Received Medical clearance and TBs/Marius & Adriana.
06/22/2016	PSOR on Address Completed
06/23/2016	Application Incomplete Letter Sent RI030s/Marius & Adriana, 1326/Eleonora.
06/23/2016	Contact - Document Sent Act & Rules.
08/02/2016	Contact - Document Received RI030s/Marius & Adriana.
08/02/2016	Licensing Unit file referred for criminal history review FP-Yes/Marius.
08/02/2016	Application Incomplete Letter Sent SOS update/Adriana.
08/12/2016	File Transferred To Field Office Pontiac.
08/16/2016	Contact - Document Received Licensing file received from Central office
09/15/2016	Application Incomplete Letter Sent
09/22/2016	Application Complete/On-site Needed
09/23/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

On 06/14/16, the department received a license application from Mr. and Mrs. Marius and Adriana Lunga to operate an Adult Foster Care Family Home at the above referenced address in Farmington Hills, Michigan. The applicant is seeking to operate a program of care and services for up to six (6) ambulatory male and female elderly adults. Mr. and Mrs. Lunga have no other foster care licenses, nor do they have other pending applications to operate adult foster care facilities in the State of Michigan.

The following is a report of findings of the pre-licensing evaluation for New Hope F. Care home. This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the administrative rules governing operation of Adult Foster Care Family Homes, with an approved capacity of one to six residents, licensed or proposed after March 27, 1980. This evaluation consisted of:

1. Fire safety evaluation and approval, by the assigned consultant on 08/2/16 and 9/23/16.
2. On-site inspections by the assigned consultant on 08/2/16 and 9/23/16.
3. Review of all application materials submitted.
4. Review of environmental sanitation requirements by the assigned consultant.

New Hope F. Care home is located at 21535 Lundy Drive, Farmington Hills, MI 48336. The home is situated north of Nine Mile Road and west of Orchard Lake Road, in Oakland County, Michigan. Ioan and Eleonora Lupas are the owners of record for the property. A copy of lease agreement is contained in the facility file.

New Hope F. Care home is a wood sided ranch with no basement. The home is in a suburban area of similarly constructed homes. The home has a two car attached garage. The home is nicely landscaped. The interior of the home is comfortable, clean, and nicely decorated.

The main entrance opens into a larger living room on the right, with a dining room straight ahead and kitchen to the right. A full bath and half bath is located on this level and to the right of the dining area. Four bedrooms are located to the right of the foyer area. A fifth bedroom with attached bathroom is located to the west, which is used by the licensee. A laundry room is located in the furnace room which is located off a hallway leading to bedrooms. A gas-fired furnace is enclosed with floor separation being provided by a metal fire rated door with self-closing device.

Resident bedrooms were measured at the time of inspection and were found to be of the following dimensions and accommodation capability:

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ. FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom # 1	11'5" x 13'	149	2
Bedroom # 2	9' x 12'	108	1
Bedroom # 3	12' x 8'9"	107	1
Bedroom # 4	14'5" x 9'	130	1
Bedroom # 5	10'5" x 10'	105	1
Total Occupancy:			6

Based upon the above information and the proposed accommodation of six (6) residents, the home would the required available indoor living area per occupant. The house is therefore determined to be in compliance with the requirements of Rule 27 (1).

Rule 32 (1) As used in this rule "usable floor space" means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.

Rule 32 (2) A bedroom shall have not less than 65 square feet of usable floor space per bed.

Rule 27 (1) A licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen and sleeping areas.

The living space for the home was measured and is listed below:

The home has a large living room that measures 23' x 18', a dining room that measures 11' x10'4" and kitchen that measure 13' x17'5". The proposed capacity for the home is 6. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of the home.

Based upon the above information, it is concluded that this facility has the square footage necessary to accommodate 6 residents, as requested in the application.

The bedrooms were properly furnished, clean and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

At the time of final inspection, the facility was found to be in substantial compliance with departmental requirements relating to physical plant.

1) Environmental Conditions

New Hope Care has public water and sewage services. Garbage disposal is supplied through the City of Farmington Hills. The kitchen and bathroom areas were evaluated, and were found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to

monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R 40014401(2). The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

Fire Safety

At the time of final inspection, the home was found to be equipped with all required smoke detection units and one five-pound multi-purpose fire extinguisher. All interior finish materials are at least a Class C standard.

An evacuation plan and written procedures to be followed in case of fire, medical and severe emergency were also posted as required. Required emergency phone numbers were also observed posted immediately adjacent to the telephone. Mr. and Mrs. Lunga indicated it is their intent to conduct a minimum of four fire drills per year, with two of the required drills being conducted during sleeping hours. A record of fire drills conducted will be kept in the home. At the time of final inspection, the home was found to be in compliance with all departmental requirements relating to fire safety.

Program Description

1. Administrative structure and staff capabilities

At the time of final inspection, it remains Mr. and Mrs. Lunga's intent to assure primary responsibility for the provision of adult foster care and the maintenance of all facility records.

The applicant Mr. and Mrs. Lunga have over four years' experience providing adult foster care service to elderly persons.

Medical Records Clearance documents submitted for Mr. and Mrs. Lunga indicate that they are in good physical and mental health, and that they have no limitations for work with or around adult foster care residents. Negative tuberculin test results have also been submitted for Mr. and Mrs. Lunga. Mr. and Mrs. Lunga have identified Eleonora Suciú as a responsible person, in the event they will be away from the home for longer than 48 hours. Medical and Record Clearance documents have been submitted which indicate that she is in good health and moral character to work with adult foster care residents.

Good Moral Character of Mr. and Mrs. Lunga has been established by the processing of BRS 1326, Record Clearance Request form.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to administrative structure and staff capabilities.

2. Admission/Discharge Policy

Mr. and Mrs. Lunga indicated their intent to use the terms identified in the Resident Care Agreement (BRS 3266). They plan on using an additional "Resident Admission Agreement" of their own. The parameters of admission/discharge were discussed with the licensee. Emergency discharge was also discussed. Individuals interested in placement into New Hope Home should contact Mr. or Mrs. Lunga at the home. The facility will provide adult foster care for up to six male or female elderly adults. The fee policy statement included in the department's Resident Care Agreement form (BRS 3266) will be used at the home and indicates that the basic rate for care will be determined at the time of admission. Additional costs for any additional services required by the individual resident will be specified.

At final inspection, the home was determined to be in compliance with departmental requirement relating to admission and discharge.

Record Keeping

At the preliminary and final inspections, departmental requirements relating to resident rights, accident and incident reports, medications, resident identifying information, assessment plans, resident care agreements, and funds and valuables records, medical contact logs, resident physicals and weight records were discussed with Mr. and Mrs. Lunga and they indicated that it is their intent to assure compliance with these requirements.

Resident Rights

At the preliminary and final inspections, departmental requirements relating to resident rights, complaint and grievance procedures, incident and accident reports and medications were explained to the licensee and they have indicated their intent to assure compliance with these requirements. At the time of final inspection, the home was determined to be in compliance with departmental requirements relating to resident rights and care.

IV. RECOMMENDATION

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

John P. Pochas

10/05/2016

John Pochas
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/13/2016

Denise Y. Nunn
Area Manager

Date