



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 1, 2016

Carmen Bota and Kim Bota
32820 6 Mile Rd
Livonia, MI 48152

RE: Application #: AF820381482
Mayfield Assisted Living
32820 6 Mile Rd
Livonia, MI 48152

Dear Carmen Bota and Kim Bota:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF820381482

Licensee Name: Carmen Bota and Kim Bota

Licensee Address: 32820 6 Mile Rd
Livonia, MI 48152

Licensee Telephone #: (248) 843-5525

Administrator/Licensee Designee: N/A

Name of Facility: Mayfield Assisted Living

Facility Address: 32820 6 Mile Rd
Livonia, MI 48152

Facility Telephone #: (248) 843-5525
02/18/2016

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

02/18/2016 On-Line Enrollment

02/24/2016 Contact - Document Sent
rules and act sent

02/24/2016 Application Incomplete Letter Sent
Livescan finger prints needed for C.and K Bota and 1326 rec
clearance. 1326 rec.clearance needed for P.Bota

02/24/2016 PSOR on Address Completed
no hit

03/04/2016 Contact - Telephone call received
Recvd call from Carmen with questions regarding letter 2/24/2016.
Talked about live scan fingerprints

03/21/2016 Contact - Document Received
recvd 1326 A lic record clearance and MSP livescan fingerprint
bk.check request form.

04/01/2016 Application Incomplete Letter Sent
Rec cl & Livescan request for Kim; rec cl for Peter

04/08/2016 Contact - Telephone call received
Carmen called about do-licensee , her daughter Kim, who lives in
Alabama but has an Arizonia DR. LIC. Kim had the Livescan finger
prints in Alabama then and Carmen will send back the 1326.

04/15/2016 Contact - Telephone call made
Called C.Bota as she is not sure if she wants Kim on the
application as a licensee as she lives out of state. I e-mailed her a
blank AFC family application if she wants to change this at this
point she can. I also attached a 1326 Lic. Rec. clearance request
for P. Bota to fill out/sign/send back.

04/25/2016 Contact - Telephone call received
C.Bota called about P.Bota's 1326 and questions about K. Bota.
E-mailed MSP form to C and K. Bota

04/27/2016 Contact - Document Received
RI-030 msp Livescan fingerprint bk.ck.request for K. Bota in e-mail

05/02/2016 File Transferred To Field Office
Detroit/Wayne

05/17/2016 Application Incomplete Letter Sent

08/16/2016	Application Complete/On-site Needed
08/16/2016	Inspection Completed On-site
08/22/2016	Inspection Completed-BCAL Sub. Compliance
09/20/2016	Inspection Completed On-site
09/20/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Mayfield Assisted Living home is located in a residential area in Livonia, MI. The home is a single story structure with a detached garage and no basement. The home consists of a living room, dining room, kitchen, 1 1/2 bathrooms and 4 bedrooms.

The heat plant and hot water heater are separated from the rest of the house with a fire rated door that is equipped with a self-closing device.

The home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

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

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room 18.1 X 11.3 – 203 sq. ft.

Dining room 14 X 7.3 – 101 sq. ft.

Resident bedrooms

Bedroom #1 18.8 X 12 - 223 sq. ft. (2 residents)

Bedroom #2 11.11 X 10.1 - 120 sq.ft. (1 resident)

Bedroom #3 12.1 X 12 - 144 sq. ft. (1 resident)

Bedroom #4 12. X 12.2 – 146 sq. ft (2 residents)

The applicant has requested a license for 6 residents, and based on the above information can accommodate 6 residents.

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and non-ambulatory, male and female adults whose diagnosis is Aged, Alzheimers, Traumatic Brain Injured, and Handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

2. Applicant and Household

Carmen and Kim Bota are the applicants. The applicants live in the home with Peter Bota. The applicants have designated a responsible person who can be available to supervise the residents in the applicants absence.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicants or responsible person. The applicants and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants submitted financial information, and based on this information meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The supervision of residents in this family home licensed for (6) 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 acknowledges an understanding of the training and qualifications requirements for the responsible person or volunteers and/or staff to provide a specialized program prior to each person working in the home in that capacity or providing care to residents in the home.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or any additional staff or volunteers that have received medication training and have been determined competent by the licensee, can 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.

The applicant acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

5. Records & Record Keeping

The applicant 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 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.

Evacuation and emergency plans are posted in the facility and the applicant are aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of 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.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. Recommendation

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for 6 residents. The term of the license will be for a six-month period effective _____.



Regina Buchanan
Licensing Consultant

10/17/2016
Date

Approved By:



Ardra Hunter
Area Manager

11/1/2016
Date