



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 2, 2016

Dorothy D'Angelo  
Anestis Senior Care Residence Inc.  
21071 Tiffany Drive  
Wood Haven, MI 48183

RE: Application #: AS820382151  
Anestis Senior Care Residence  
21071 Tiffany Drive  
Wood Haven, MI 48183

Dear Ms. D'Angelo:

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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820382151
<b>Applicant Name:</b>	Anestis Senior Care Residence Inc.
<b>Applicant Address:</b>	21071 Tiffany Drive Wood Haven, MI 48183
<b>Applicant Telephone #:</b>	(586) 872-7825
<b>Administrator/Licensee Designee:</b>	Dorothy D'Angelo
<b>Name of Facility:</b>	Anestis Senior Care Residence
<b>Facility Address:</b>	21071 Tiffany Drive Wood Haven, MI 48183
<b>Facility Telephone #:</b>	(734) 752-6372
<b>Application Date:</b>	03/28/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

03/28/2016	Enrollment
04/01/2016	Contact - Document Sent Rules & Act booklets
04/01/2016	Application Incomplete Letter Sent App - #28, 30, 31, 35, 36, 37, 38, 39 & 40; received clearance, fingerprint and fingerprint request for licensee designee; record clearance for Administrator; page 3
04/12/2016	Contact - Document Received Page 1 and 3 of BCAL 569-C application received. BCAL-1326A license record clearance request for Dorothy D'Angelo and Aikaterina Mastoropoulou received. MI workforce background check for Ms. Mastoropoulou and Ms. D'Angelo received.
04/12/2016	Application Incomplete Letter Sent Need MSP livescan fingerprint background check request and Live scan fingerprints done for Ms. Mastoropoulou.
04/27/2016	Contact - Document Received MSP RI-030 Livescan Fingerprint and Background check request for Ms. Mastoropoulou
04/28/2016	File Transferred To Field Office Detroit/Wayne
05/04/2016	Application Incomplete Letter Sent Requesting required documents
05/10/2016	Contact - Telephone call received Applicant Ms. Mastoropoulou called inquiring about the requested documents in the incomplete application letter. While speaking to her it was determined that she does not have one year experience or training working with the populations that she wishes to serve in the home. Ms. Mastoropoulou reported that she will send a letter requesting to add the administrator Dorothy D'Angelo as the licensee designee and administrator.
05/20/2016	Contact - Document Received Received a letter from Ms. Mastoropoulou requesting to remove her as the licensee designee and to add Dorothy D'Angelo as licensee designee. Ms. Mastoropoulou reported after she obtains training and her 1 year direct care experience working with the populations (Aged and Alzheimer's) she will request to be added as the licensee designee.
05/20/2016	

	<p>Contact - Telephone call received          Spoke with Ms. D'Angelo regarding the required policies, procedures, and documents requested in the incomplete application letter. Ms. D'Angelo requested more specific information and detail and was not aware that she would need to compose and supply all of the requested information prior to licensure. A face to face meeting was scheduled with Ms. D'Angelo and Ms. Mastoropoulou.</p>
06/03/2016	<p>Technical Assistance          On-site Technical Assistance was provided to Ms. D'Angelo about required documents requested in the incomplete application letter, as well as the need for verifiable documentation of her training and experience working with the populations identified on the application.</p>
06/06/2016	<p>Contact - Document Sent          Emailed Ms. D'Angelo the fingerprinting information, 1326A and RI-030 forms needed so she may be added as the licensee designee upon completion.</p>
07/14/2016	<p>Contact - Document Received          Received policies and procedures and other required documents.</p>
08/01/2016	<p>Contact - Document Sent          Sent email to Ms. D'Angelo informing her that the documents sent required editing as they do not meet the intent of the rules. There were also several policies and procedures that were not submitted.</p>
08/29/2016	<p>Contact - Document Received          Received revised policies/procedures and other required paperwork.</p>
09/12/2016	<p>Contact - Telephone call made          Spoke with Ms. D'Angelo about revisions required for the policies and procedures sent and scheduled onsite inspection.</p>
09/23/2016	<p>Application Complete/On-site Needed</p>
09/29/2016	<p>Inspection Completed On-site</p>
09/29/2016	<p>Inspection Completed-BCAL Sub. Compliance</p>
10/03/2016	<p>Application Incomplete Letter sent</p>

10/03/2016      Confirming Letter Sent  
10/31/2016      Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Anestis Senior Care Residence located in the downriver community of Woodhaven. The home has five bedrooms, a spacious office, and 1 and 1 ½ bathrooms. It is a terra cotta brick and tan vinyl sided ranch-style home. The home does not have a basement or garage. The living and dining room areas measure a total of 373 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home is wheelchair accessible and is equipped with ramps at the two approved means of egress.

The furnace and hot water heater are located on the first floor in a room with a 1 hour fire rated, 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'8 x 9'6	168 sq. ft.	2
2	8' x 7' x 13'	112 sq. ft.	1
3	9'7 x 9'	86 sq. ft.	1
4	13'5 x 10'	134 sq. ft.	1
5	10'1 x 10'	101 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory and/or non-ambulatory adults whose diagnosis is Alzheimer's, aged, and physically handicapped in the least restrictive environment

possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental 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, and the responsible agency.

The licensee will assure all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Anestis Senior Care Residence, Inc., which is a "Domestic for Profit Corporation", that was established in Michigan, on 03/02 /2016. 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 Board of Directors of Anestis Senior Care Residence, Inc. has submitted documentation appointing Dorothy D'Angelo as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification 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.

The licensee designee 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](http://www.miltcpartnership.org)), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff 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 licensee designee acknowledges 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.

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

The licensee designee 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 licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant/licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

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



Pandrea Robinson  
Licensing Consultant

11/01/16  
Date

Approved By:



Ardra Hunter  
Area Manager

11/02/16  
Date