



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 9, 2016

Diana Pantea  
1150 Bradley  
Troy, MI 48085

RE: Application #: AF630381902  
Noble Home Care  
1150 Bradley  
Troy, MI 48085

Dear Ms. Pantea:

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 black ink that reads "Mildred A. Schwarcz".

Mildred A. Schwarcz, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3967

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630381902
<b>Applicant Name:</b>	Diana Pantea
<b>Applicant Address:</b>	1150 Bradley Troy, MI 48085
<b>Applicant Telephone #:</b>	(248) 269-3296
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Noble Home Care
<b>Facility Address:</b>	1150 Bradley Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 269-3296
<b>Application Date:</b>	03/01/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

03/01/2016	Enrollment
03/16/2016	Contact - Document Sent Rule and Act 218 Books
03/16/2016	Application Incomplete Letter Sent Page 1 and 3 sent back for completion, 1326/Fingerprint/Livescan form for Diana Pantea and 1326 for Petrica Nagy (Responsible Person)
03/16/2016	PSOR on Address Completed
05/12/2016	Application Complete/On-site Needed
05/12/2016	File Transferred To Field Office Pontiac.
05/13/2016	Contact - Document Received Licensing file received from Central office
06/03/2016	Application Incomplete Letter Sent Letter to applicant requesting additional required documentation prior to initial onsite.
10/19/2016	Inspection Completed On-site
10/28/2016	Contact - Document Sent Verification of installation of handrails.
12/07/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The proposed facility is a newly renovated ranch style home, located in a residential neighborhood in the city of Troy, with similar type single family dwellings. The facility has brick and cement exterior siding. It has a very large newly built deck with a gazebo and a ramp. There is a detached garage at the end of the concrete driveway. There is adequate off street parking for visitors. The front yard is fairly large and sets the house back from the curb. The back yard is very large as well given that the property sits on over an acre of land. The back yard is fenced in. The facility is within a mile from community-based resources, such as, retail stores, restaurants, recreational facilities, grocery stores, places of worship, etc.

The facility consists of six single occupancy resident bedrooms, two full bathrooms, one half bathroom, a kitchen, a living room, a dining room and a laundry room. The licensee will occupy the seventh bedroom, which has an adjoining full bathroom. The facility can accommodate wheelchair users.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The fire separation door is at the top of the stairway. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 10'	130	1
2	8'10" x 11'5"	101	1
3	8'7" x 11'5" minus 2'10" x 2'	92	1
4	8'10" x 11'5" minus 2'10" x 2'	95	1
5	9'3" x 10'	93	1
6	9'3" x 10'	93	1

Total capacity: 6

The living room area measures a total of 356 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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**

On 3/1/2016, Diana Pantea submitted an application to provide adult foster care services for up to six (6) elderly individuals, male and female. Ms. Pantea has not previously operated an adult foster care facility.

Ms. Pantea intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and non-ambulatory residents, whose diagnosis is aged or Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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 Ms. Pantea's intent 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.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Pantea. Ms. Pantea and the responsible person, Petrica Nagy, submitted medical clearance requests with statements from their respective physician documenting their good health and current TB-tine negative results.

Ms. Pantea has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for adult foster care residents along with her savings and other liquid assets.

Ms. Pantea acknowledged the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of Ms. Pantea 24 hours a day/7 days a week with the responsible person on call to provide supervision in relief. Ms. Pantea has adequate experience working with the proposed client population. She worked as a direct care staff for almost two years in a licensed adult foster care setting, operated by Daniela Clemente.

Ms. Pantea acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Pantea 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Pantea acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Pantea 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. Pantea acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, Ms. Pantea acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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

Ms. Pantea acknowledged 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.

Ms. Pantea acknowledged 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.

Ms. Pantea acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Pantea has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Pantea acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Pantea acknowledged their responsibility to obtain 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, Ms. Pantea acknowledged 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.

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

Diana Pantea, the applicant, 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 adult foster care family home (capacity 1-6).

*Mildred A. Schwarcz*

12/7/2016

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Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

12/09/2016

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Denise Y. Nunn  
Area Manager

Date