



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 25, 2017

Buolus Ghraib
Quality Care of Howell LLC
Suite #139
17197 N. Laurel Park Dr.
Livonia, MI 48152

RE: Application #: AL470380719
Quality Care of Howell
2820 N. Burkhart Road
Howell, MI 48855

Dear Mr. Ghraib:

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 20 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL470380719
Applicant Name:	Quality Care of Howell LLC
Applicant Address:	Suite #139 17197 N. Laurel Park Dr. Livonia, MI 48152
Applicant Telephone #:	(734) 779-9800
Licensee Designee:	Buolus Ghraib
Administrator:	Buolus Ghraib
Name of Facility:	Quality Care of Howell
Facility Address:	2820 N. Burkhart Road Howell, MI 48855
Facility Telephone #:	(734) 779-9800
Application Date:	12/11/2015
Capacity:	20
Program Type:	AGED ALZHEIMERS DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

12/11/2015	Enrollment
12/14/2015	Contact - Document Sent Rules & Act booklets
12/14/2015	Application Incomplete Letter Sent FP's for Buolus (Paul)
12/15/2015	Inspection Report Requested - Health Inv. #1025157
12/15/2015	Inspection Report Requested - Fire
12/15/2015	Contact - Document Sent Fire Safety String
12/16/2015	Comment FP's for Buolus (Paul)
12/21/2015	Lic. Unit file referred for background check review Buolus (Paul)
12/29/2015	Application Incomplete Letter Sent GMC Letter sent to Buolus (Paul).
02/01/2016	Application Incomplete Letter Sent
02/08/2016	Contact - Telephone call received TC received from applicant with questions on enrollment letter
04/28/2016	Contact - Telephone call made Email correspondence and telephone call with Nidhal regarding paperwork and qualifications request. See email.
12/27/2016	Inspection Completed-Env. Health : A Report forwarded to consultant in Livingston County Office.
01/11/2017	Inspection completed- Fire safety: A
01/24/2017	Inspection Completed On-site
01/24/2017	Inspection Completed-BCAL Full Compliance
01/24/2017	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one story building located in Howell, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is wheel chair accessible.

The hot water heaters and furnaces are located in the basement of this facility and floor separation has been achieved using a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational and a fire suppression system approved by the Bureau of Fire Services.

This facility contains 20 Resident Bedrooms and one extra bedroom for utilization if resident family members may be visiting. Every bedroom has an independent full bathroom. Each bedroom will be a single Resident occupancy.

Mr. Ghraib has designated four bedroom types with the following square footage.

Bedroom # 1, 2, 3,4,5,6,7,8,10,12 and 14 are designated as "efficiency rooms" have a total of 282 sq. ft. each.

Bedrooms # 9, 11, 13 and 15 are designated as "barrier free efficiency rooms" and have a total of 321 sq. ft. each.

Bedrooms # 15 and 16 are designated as "one bedroom deluxe" and have a total of 600 sq. ft. each.

Bedrooms #18, 19 and 20 are designated as "one bedroom" and have a total of 566 sq. ft. each. Bedroom #21 is the designated guest bedroom.

This facility also has a full industrial kitchen with walk in coolers and freezers with ample storage areas for dry goods. The dining area has the appropriate area for utilization by 20 residents.

This facility has a "therapy room" for residents containing a walk in tub for hydro therapy, a library, a family/ conference room, hair and nail salon, staff offices, medication and nursing room and a large sitting room.

Based on the above information, it is concluded that this facility can accommodate 20 residents. It is Mr. Ghraib'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. Mr. Ghraib intends to provide 24-hour supervision, protection and personal care to **20** male or female adults over the age of 55 whose diagnosis is developmentally disabled, physically handicapped, Alzheimer's or aged 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.

Mr. Ghraib will provide 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

Mr. Ghraib is Quality Care of Howell LLC. Mr. Ghraib 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 licensee designee and administrator is Buolus Ghraib. Mr. Ghraib has the required experience and training to be designated to these positions.

A licensing record clearance request was completed and approved for Mr. Ghraib. Mr. Ghraib submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Ghraib has 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 20-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

Mr. Ghraib 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.

Mr. Ghraib 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Ghraib 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 Mr. Ghraib, can administer medication to residents. In addition, Mr. Ghraib 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.

Mr. Ghraib acknowledges the 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, Mr. Ghraib acknowledges the responsibility to maintain a current employee record on file in the home for Mr. Ghraib, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

Mr. Ghraib acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Ghraib indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Ghraib 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. Mr. Ghraib 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.

Mr. Ghraib acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Ghraib 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, Mr. Ghraib 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.

Mr. Ghraib 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

Mr. Ghraib was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home with a capacity of 20 residents.

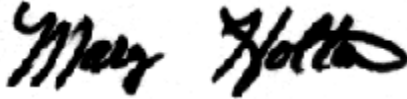


1/25/17

Kent W Gieselman
Licensing Consultant

Date

Approved By:



1/30/17

Mary E Holton
Area Manager

Date