



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 3, 2017

Livio Ghita  
4127 W. Orchard Hill Dr.  
Bloomfield Hills, MI 48304

RE: Application #: AF630388362  
**Orchard Meadows Co.**  
**4127 W. Orchard Hill Dr.**  
**Bloomfield Hills, MI 48304**

Dear Mr. Ghita:

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 5 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 cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(616) 295-3777

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF630388362

**Applicant Name:** Livio Ghita

**Applicant Address:** 4127 W. Orchard Hill Dr.  
Bloomfield Hills, MI 48304

**Applicant Telephone #:** (248) 574-3242

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Orchard Meadows Co.

**Facility Address:** 4127 W. Orchard Hill Dr.  
Bloomfield Hills, MI 48304

**Facility Telephone #:** (248) 574-3242

**Application Date:** 05/03/2017

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODOLOGY

05/03/2017	Enrollment
05/11/2017	Contact - Document Received Medical clearance for Livio & Cornelia,1326 from Livio and Cornelia
05/11/2017	Application Incomplete Letter Sent Criminal history from previous state for Cornelia
05/11/2017	PSOR on Address Completed
05/11/2017	Contact - Document Sent Rule & Act Booklets
06/09/2017	Contact - Document Received Self-certification statement for Cornelia and Livio
06/09/2017	Application Complete/On-site Needed
06/09/2017	File Transferred To Field Office Pontiac
06/14/2017	Contact - Document Received Licensing file received from Central office
06/21/2017	Application Incomplete Letter Sent
06/29/2017	Contact - Telephone call made Telephone call made to licensee Livio Ghita.
07/05/2017	Inspection Completed On-site
07/05/2017	Inspection Completed-BCAL Sub. Compliance
07/05/2017	Application Incomplete Letter Sent Confirming Letter mailed
07/12/2017	Inspection Completed On-site
07/12/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch located in a neighborhood in the city of Bloomfield Hills. The facility consists of a full bathroom, dining room, living room, laundry room, and three resident bedrooms. There are also two non-resident bedrooms, a full bathroom, and sitting room that are off limits to the residents. This facility is wheelchair accessible and has at least, 1 approved means of egress that is equipped with a ramp from the first floor. This facility utilizes public water and sewage.

The gas furnace and water heater are located on the main level of the facility. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. There is also a battery powered, single station smoke detector in the area of the furnace. There is a fire extinguisher installed in the facility as well.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 12'	120	1
2	13'6" x 3'1"- 3'5" x 3'7"	164.34	2
3	16' x 13'6"- 10'5" x 2'1"	194.33	2

**Total capacity: 5**

The living, dining, and sitting room areas measure a total of 342.21 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant Livio Ghita intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Livio Ghita intends to accept private pay individuals as a referral source.

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.

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

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant Livio Ghita and responsible person Emilia Todor submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant Livio Ghita has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC resident. Currently, Livio Ghita's monthly income is \$8,100.

Livio Ghita acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 five (5) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. The responsible person Emilia Todor shall be on call to provide supervision in relief.

Livio Ghita has indicated that for the original license of this 5 bed family home, there is adequate supervision with 1 responsible person on-site –for- 5 residents. The applicant Livio Ghita acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Livio Ghita acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Livio Ghita acknowledges 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)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Livio Ghita acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Livio Ghita 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.

Livio Ghita acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Livio Ghita acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

Livio Ghita acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Livio Ghita 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.

Livio Ghita acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Livio Ghita acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

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

Livio Ghita acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Livio Ghita 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 Livio Ghita indicated that it is their intent to achieve and maintain compliance with these requirements.

Livio Ghita acknowledges 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. Livio Ghita 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.

Livio Ghita 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.

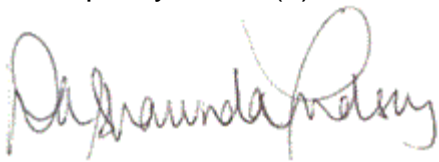
Livio Ghita acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rules or Statutory Violations**

The applicant Livio Ghita was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of an adult foster care family home license with a maximum capacity of five (5) residents.

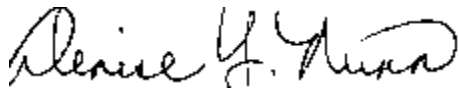


08/02/2017

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



08/03/2017

Denise Y. Nunn  
Area Manager

Date