



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 3, 2017

John Mos
Infinite Care, LLC
3736 Veronica Dr
Sterling Heights, MI 48310

RE: Application #: AS630386851
Lochmoor Home
29490 Lochmoor
Farmington Hills, MI 48334

Dear Mr. and Ms. Mos:

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 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 #:	AS630386851
Licensee Name:	Infinite Care, LLC
Licensee Address:	29490 Lochmoor Farmington Hills, MI 48334
Licensee Telephone #:	(248) 703-7694
Administrator/Licensee Designee:	Simon Pop/John Mos
Name of Facility:	Lochmoor Home
Facility Address:	29490 Lochmoor Farmington Hills, MI 48334
Facility Telephone #:	(248) 703-7694
Application Date:	02/09/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/09/2017	On-Line Enrollment
02/13/2017	Contact - Telephone call received John Mos / DT email- Revising and resending app/himself as Administrator & Simon Pop as licensee designee (LD).
03/09/2017	Application Incomplete Letter Sent Signed Rev.1-16 App & to switch LD & Administrator, 1326As/ John & Simon signatures.
03/09/2017	Contact - Document Sent Act & Rules.
03/20/2017	File Transferred To Field Office Pontiac.
03/22/2017	Contact - Document Received Licensing file received from Central office
03/29/2017	Application Incomplete Letter Sent
03/29/2017	Application Incomplete Letter Sent
04/12/2017	Contact - Document Received Received a copy of the employment at will policy, budget, background check and due diligence for staff policy, direct support professional job description, employee handbook policy, admission policy, discharge policy, and CEO job description
04/20/2017	Contact - Document Received Received a copy of administrator Simon Pop's resume, medical and TB (chest x-ray), staffing pattern, and tuberculosis control for employee policy. I also received a copy of Mr. Pop's environmental emergencies, cultural competency, introduction to human services, working with people 1 and 2, and nutrition and food service trainings.
04/28/2017	Contact - Document Sent Emailed licensee designee John Mos to request submission of the remaining requested documents
05/23/2017	Contact - Telephone call made Telephone call made to licensee John Mos to follow up on his small group home application. The phone was powered off. Left a message.

05/23/2017	Contact - Telephone call made Telephone call received from licensee designee John Mos. He stated he will submit requested documents.
05/31/2017	Contact - Telephone call made Sent an email to administrator Simon Pop requesting additional documents.
06/02/2017	Contact - Document Received Received a copy of administrator Simon Pop's CPR/First Aid certification as well as Recipient Rights training
06/15/2017	Contact - Document Received Received an email from licensee designee John Mos. On-site scheduled on 06/23/2017 at 9:00am
06/15/2017	Application Complete/On-site Needed
06/23/2017	Inspection Completed On-site
06/23/2017	Inspection Completed-BCAL Sub. Compliance
07/07/2017	Inspection Completed On-site
07/07/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch located in a subdivision in the city of Farmington Hills. The main level of the facility consists of a kitchen, living room, dining room, full bathroom, four resident bedrooms (bedroom 104, 204, 304, and 404). There is a full bathroom attached to bedroom 204. There is also an office located on the main level. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located on the lower level with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. Resident activities are not allowed on the lower level. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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
104	11'2" x 8'1"	90.25	1
204	12'2" x 11'5"	138.98	2
304	11'9" x 10'1"	118.44	1
404	11'5" x 13'7"	155.08	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 361.60 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 **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 adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant 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, and the responsible agency.

The applicant 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

The applicant is Infinite Care, LLC, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/26/2017. 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 members of Infinite Care, LLC have submitted documentation appointing John Mos as Licensee Designee for this facility and Simon Pop as the Administrator of the facility.

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

The licensee designee John Mos has been the licensee of a licensed adult foster care family home since August 2015. The populations served in the home are aged, Alzheimer's and physically handicapped. John Mos provided documentation for the administrator Simon Pop to satisfy qualifications and training requirements identified in the administrative group home rules. Mr. Simon has worked in the human services field since 2000. He worked a variety of roles (Quality Management, Quality Assurance Analyst, Corporate Compliance Officer, Privacy and Security Office as well as a Contract Management) while employed at Easter Seals from 2000-2006. Currently, Mr. Simon serves as the Chief Operating Officer for Taylor Special Care Services (TSCS), Inc. as well as a CARF surveyor. Mr. Simon is competent in nutrition, first aid, cardiopulmonary resuscitation, foster care, as defined in the act, safety and fire prevention, financial and administrative management, the needs of the population to be served, resident rights, and prevention and containment of communicable diseases.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift. The licensee designee John Mos acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. John Mos has indicated that direct care staff will be awake during sleeping hours.

The licensee designee John Mos acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The licensee designee John Mos acknowledges an understanding of the qualifications, suitability, and training 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 John Mos 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensee designee John Mos 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 licensee designee John Mos 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 John Mos acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the licensee designee John Mos acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The licensee designee John Mos 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 licensee designee John Mos 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.

The licensee designee John Mos 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 that are required to be maintained within each resident's file.

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

The licensee designee John Mos 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 licensee designee John Mos indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee John Mos 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 licensee designee John Mos 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 John Mos 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.

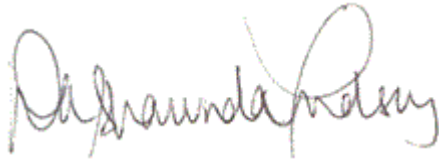
The licensee designee John Mos acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

II. RECOMMENDATION

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

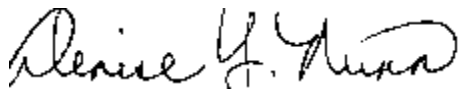


08/02/2017

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



08/03/2017

Denise Y. Nunn
Area Manager

Date