



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 31, 2017

Estera Pop
23600 Middlebelt Road
Farmington Hills, MI 48336

RE: Application #: AF630388988
Westview Care Home
23600 Middlebelt Road
Farmington Hills, MI 48336

Dear Ms. Pop:

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
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF630388988
Applicant Name:	Estera Pop
Applicant Address:	23600 Middlebelt Road Farmington Hills, MI 48336
Applicant Telephone #:	(248) 631-6105
Administrator/Licensee Designee:	N/A
Name of Facility:	Westview Care Home
Facility Address:	23600 Middlebelt Road Farmington Hills, MI 48336
Facility Telephone #:	(248) 631-6105
Application Date:	06/07/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

06/07/2017	Enrollment Online enrollment
06/21/2017	PSOR on Address Completed
06/21/2017	Contact - Document Sent Rule & Act booklets
06/21/2017	Application Incomplete Letter Sent Received cl, FP's, Livescan request for Estera; received cl for Emily (RP)
06/23/2017	Contact - Document Received BCAL-1326 for Estera Pop
06/26/2017	Contact - Document Received RI-030, FP for Estera Pop and 1326 for Damaris Pop
06/26/2017	Application Complete/On-site Needed
06/26/2017	File Transferred To Field Office Pontiac
07/05/2017	Application Incomplete Letter Sent
08/09/2017	Inspection Completed On-site Received a copy of proof of home ownership, the house guidelines, applicant Estera Pop's medical clearance as well as the evacuation plan.
08/09/2017	Inspection Completed-BCAL Sub. Compliance
08/09/2017	Application Incomplete Letter Sent Confirming letter mailed
08/25/2017	Inspection Completed On-site
08/25/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-level ranch located in the city of Farmington Hills. The single-level consists of a kitchen, living room, dining room, a foyer, two full bathrooms, laundry room, office, one non-resident bedroom, and five resident bedrooms. There is a lavatory attached to the non-resident bedroom as well as one of the resident's bedrooms. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The furnace and hot water heater are located on the single-level in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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. There is a fire extinguisher installed on the level 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 ^{*^}	15' x 12'-11" x 7'1"	102.12	0
2 [*]	16'10" x 11'-2'5" x 2'4"-3'4" x 2'6"	171.16	2
3	15'10" x 8'2" -5' x 2'6"	116.83	1
4	19'11" x 7'5" -4'3" x 5'2"	125.84	1
5	13'4" x 8'8" -0.7' x 3'6"	113.12	1
6	13'6" x 8'6" -4'7" x 2'4"	104.08	1

Total capacity: 6

* There is an attached lavatory to this bedroom

^ Non-resident bedroom

The living, dining, and sitting room areas measure a total of 617.16 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

The applicant Estera Pop intends to provide 24-hour supervision, protection and personal care to six (6) 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. Ms. E. Pop intends to accept private pay individuals.

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 Ms. E. Pop 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 Estera Pop. Ms. E. Pop and responsible person Mariah Pop submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. E. Pop has financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment. Currently, Ms. E. Pop has a monthly salary of \$5,000 from employment.

Ms. E. Pop acknowledged 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 six (6) residents will be the responsibility of Ms. E. Pop, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Ms. E. Pop has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. Ms. E. Pop 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.

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

Ms. E. Pop 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.

Ms. E. Pop acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. E. Pop 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. E. Pop acknowledged her 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. Ms. E. Pop acknowledged that if she is 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.

Ms. E. Pop acknowledged her 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).

Ms. E. Pop 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. E. Pop acknowledged her 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.

Ms. E. Pop acknowledged her 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.

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

Ms. E. Pop acknowledged 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.

Ms. E. Pop acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. E. Pop indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. E. Pop 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. E. Pop has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. E. Pop 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.

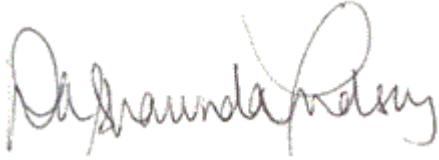
Ms. E. Pop acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 6).

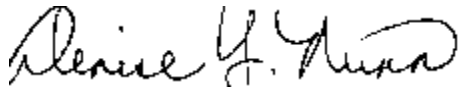


08/30/2017

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



08/31/2017

Denise Y. Nunn
Area Manager

Date