



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 23, 2017

Rosalia Aiello  
Roses Tender Home Care, LLC  
2661 Hawley Blvd  
Westland, MI 48186

RE: Application #: AS820386195  
**Aiello Adult Foster Care**  
**26071 Denning Rd**  
**New Boston, MI 48164**

Dear Mrs. Aiello:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS820386195

**Licensee Name:** Roses Tender Home Care, LLC

**Licensee Address:** 2661 Hawley Blvd  
Westland, MI 48186

**Licensee Telephone #:** (734) 680-4216

**Administrator/Licensee Designee:** Rosalia Aiello

**Name of Facility:** Aiello Adult Foster Care

**Facility Address:** 26071 Denning Rd  
New Boston, MI 48164

**Facility Telephone #:** (734) 680-4216

**Application Date:** 12/29/2016

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

12/29/2016	On-Line Enrollment
01/04/2017	Contact - Document Sent Rule & ACT Books
01/27/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Rosalia Aiello
01/30/2017	File Transferred To Field Office Detroit
03/06/2017	Application Incomplete Letter Sent
03/06/2017	Application Incomplete Letter Sent
03/14/2017	Contact - Telephone call received Telephone message from Rosalia Aiello.
03/14/2017	Contact - Telephone call made Telephone to Ms. Aiello. She said that she is working on getting all the requested documents completed and getting the home ready for inspection. She stated that she will contact me once that has been completed.
05/03/2017	Contact - Document Received Additional application documents received.
05/12/2017	Contact - Telephone call made Telephone call to applicant. She will submit additional documents which include a financial statement, staffing pattern, and times for experience and contact number.
07/03/2017	Contact - Telephone call made Telephone call to Ms. Aiello. Onsite scheduled for 7/14/2017.
07/14/2017	Application Complete/On-site Needed

07/14/2017	Inspection Completed On-site
07/14/2017	Inspection Completed-BCAL Sub. Compliance
07/17/2017	Application Incomplete Letter Sent
08/03/2017	Inspection Completed On-site
08/03/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single story brick and siding dwelling with an attached two car garage located in a rural residential neighborhood in the city of New Boston, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has a two living areas, a dining area, three resident bedrooms and two full resident bathrooms. The facility has four exits that are wheelchair accessible at grade level. The facility utilizes city water supply and sewer system.

The furnace is located in an attached room accessible outside of the home in the backyard area.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedrooms, hallway and kitchen area. The facility is equipped with a fire extinguishers which is located in the kitchen dining room area.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	16'7" X 11'3"	188.71	2 Residents
Bedroom # 2	17'0" X 11'2"	190.40	2 Residents

Bedroom # 3	17' 0" X 11'2"	190.40	2 Residents
Living Area # 1	14'8" X 14' 2"	210.16	
Living Area # 2	15'2" X 14'11"	214.47	

**B. Program Description**

The facility will provide 24-hour supervision, protection, and personal care for six (6) male or female residents. The facility will accept aged adults and adults who have been diagnosed with Alzheimer’s disease. The facility will provide residents with the opportunity to participate in recreational activities in the home and community resources which can include the New Boston Senior Center, Flat Rock Public Library, Brownstown Parks and Recreational Center and Willow Metro Park. Daily programs that are specific to Alzheimer’s residents can include brain stimulation games, daily life skills, walking programs, chair yoga, gardening, bingo, crafts, and movie and game nights. The facility will provide ongoing training for staff on working with Alzheimer’s residents and accommodating the resident’s individual routines and preferences.

**C. Applicant and Administrator Qualifications**

The applicant is Roses Tender Care, LLC a Domestic Limited Liability Company established on 3/23/2016. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with documented funds in the applicant’s bank account from the operation of her home care agency.

Rosalia Aiello is the licensee designee and administrator for the facility. A criminal history clearance was completed on 1/30/2017 for Ms. Aiello and no criminal convictions were found. Ms. Aiello submitted a medical clearance dated 4/27/2017 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Aiello.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Aiello provided documentation that she has 10 years of experience providing direct care to the aged population and individuals with Alzheimer’s as a CNA at Oakwood Skilled, Maple Manor Rehab and Manor of Wayne. Ms. Aiello has also been operating Tender Home Care since March of 2016. Ms. Aiello has also provided documentation that she has completed training through the American Red Cross, and MALA.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum 1 staff for 6 residents per shift. The applicant acknowledged that the staff to

resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant acknowledged 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant 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 applicant t acknowledged the 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 applicant acknowledged the 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 up the retention schedule for those document contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required 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 applicant acknowledged the 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 applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the physical rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home facility with a capacity of six (6) residents.



8/16/2017

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Andrea Green  
Licensing Consultant

Date

Approved By:



8/23/2017

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Ardra Hunter  
Area Manager

Date

