

RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

January 24, 2018

Sarah Mapili Touch of Care, LLC 2997 Powderhorn Ridge Rd. Rochester Hills, MI 48309

RE: Application #: AS500389833

Touch of Care Senior Living LLC - Chadbourne

4847 Chadbourne Drive Sterling Heights, MI 48310

Dear Ms. Mapili:

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,

Roeiah Epps, Licensing Consultant

Bureau of Community and Health Systems

4th Floor. Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS500389833

Applicant Name: Touch of Care, LLC

Applicant Address: 2997 Powderhorn Ridge Rd.

Rochester Hills, MI 48309

Applicant Telephone #: (248) 495-0493

Licensee Designee: Sarah Mapili

Name of Facility: Touch of Care Senior Living LLC -

Chadbourne

Facility Address: 4847 Chadbourne Drive

Sterling Heights, MI 48310

Facility Telephone #: (248) 495-0493

Application Date: 07/30/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODOLOGY

07/30/2017	Enrollment Online enrollment
08/10/2017	Contact - Document Sent Rule & Act booklets
08/14/2017	Contact - Document Received Licensing file received from Central office
09/08/2017	Application Incomplete Letter Sent
09/18/2017	Contact - Document Received Application documents
01/12/2018	Inspection Completed On-site
01/12/2018	Inspection Completed-BCAL Sub. Compliance
01/13/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Sterling Heights, south of Metropolitan Parkway. The facility is a brick ranch style home on a residential lot. The home has a paved driveway, with an attached two-car garage. The living and dining space in the home contains 570 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is also wheelchair accessible.

Location	Dimensions	Square Footage	Capacity
Bedroom #1	15" x 17'6"	264 sq. ft.	2
Bedroom #2	11'5 x 9'6"	110 sq. ft.	1
Bedroom #3	13'4" x 11'6	155 sq. ft.	2
Bedroom #4	9'4" x 10"	94 sq. ft.	1

Total capacity: 6

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents, whose diagnoses are dementia and Alzheimer's. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Administrator Qualifications

The applicant is Touch of Care, LLC, which is a "Limited Liability Company" established in Michigan on 11/14/14. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with a projected budget which includes the applicant's income as a physical therapist.

The applicant/owner Sarah Mapili, is the sole board member of Touch of Care, LLC. Mrs. Mapili has appointed herself as licensee designee and administrator of the facility. A licensing record clearance was completed and the licensee designee and administrator is of good moral character. The licensee designee and administrator submitted a medical clearance for herself documenting her good health and current TB test with negative or latent/non-active results. Mrs. Mapili provided verification of her education and years of experience working with the dementia and Alzheimer related population for approximately 17 years in a rehabilitation assisted living facility. Mrs. Mapili also supplied verification of the necessary hours for training.

Mrs. Mapili, the licensee designee and administrator acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was also instructed about background check requirements. The licensee designee and administrator was 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 employee's record to demonstrate compliance.

Mrs. Mapili acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident medication will be stored in a locked cabinet. A daily medication log will be maintained. The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them.

Mrs. Mapili acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices. Mrs. Mapili also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

Mrs. Mapili understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator, Mrs. Mapili acknowledged it is her responsibility to maintain required resident records.

Mrs. Mapili, licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

Area Manager

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

Preiah Epp	1/16/18
Roeiah Epps Licensing Consultant	Date
Approved By:	
Denice G. Hunn	01/24/2018
Denise Y. Nunn	Date