



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 31, 2016

Ruth Poberesky
Absolute Care, LLC
5847 Naneva Court
West Bloomfield, MI 48322

RE: Application #: AS630381107
Naneva
6838 Edinborough
West Bloomfield, MI 48322

Dear Ms. Poberesky:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 that reads "Felicia Townsend".

Felicia Townsend, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4298

Enclosure



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

I. IDENTIFYING INFORMATION

License #:	AS630381107
Licensee Name:	Absolute Care, LLC
Licensee Address:	5847 Naneva Court West Bloomfield, MI 48322
Licensee Telephone #:	(248) 252-6310
Administrator/Licensee Designee:	Ruth Poberesky
Name of Facility:	Naneva
Facility Address:	6838 Edinborough West Bloomfield, MI 48322
Facility Telephone #:	(248) 252-6310
Application Date:	01/20/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED; AGED MENTALLY ILL



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II. METHODOLOGY

01/20/2016	On-Line Enrollment
01/20/2016	On-Line Application Incomplete Letter Sent
01/29/2016	Application Incomplete Letter Sent 1326/Administrator
01/29/2016	Contact - Document Sent Act & Rules.
02/19/2016	Application Complete/On-site Needed
02/19/2016	File Transferred To Field Office Pontiac.
02/26/2016	Contact - Document Received Licensing file received from Central office
03/04/2016	Application Incomplete Letter Sent
08/17/2016	Inspection Completed On-site
08/17/2016	Inspection Completed-BCAL Sub. Compliance
08/18/2016	Corrective action plan requested and received as well as photographs via email
08/18/2016	Inspection Completed – Full Compliance
08/18/2016	Recommend License issuance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Naneva is located at 6838 Edinborough in West Bloomfield, MI 48322. The home is a colonial style brick and vinyl siding home located in a suburban area of similar construction homes and has a two car attached garage. The home utilizes public water and sewage through the City of West Bloomfield. The home has four bedrooms, three bathrooms, living room, dining room, kitchen and game room. The home is equipped with a basement. The heating plant unit contains the furnace and hot water tank which is located in the basement.

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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.10 x 10.5	144.10	1
2	20.6 x 12.11	264.79	2
3	11.5 x 11.12	137	1
4	10.10 x 14	151.67	1
5	13 x 12.8	164.67	1

Total capacity: 6

Measurements were taken of the indoor living space of the living room, dining room, game room and kitchen which exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the licensed capacity.

B. Program Description

Absolute Care LLC submitted an application for an original license on January 20, 2016, for a small group home. The licensee designee and administrator for Absolute Care LLC is Ruth Poberesky. The application indicates that the home will accept both males and



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females, 50 years of age and up. The population served will include aged, wheelchair accessible, and physically handicapped.

Absolute Care LLC intends to provide 24-hour supervision, protection and personal care to six residents. The program will include social interaction, meal preparation, and money management, community activities, medication administration and scheduling, monitoring and transportation to medical appointments.

The program is designed to meet the needs, interests and abilities of the residents. In addition to the above program elements, it is the intent of Absolute Care LLC to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Absolute Care LLC is a "Domestic Limited Liability Company" established in Michigan on April 23, 2015. Ms. Poberesky submitted documents including articles of incorporation, organizational chart and a list of the board of directors. Ms. Poberesky also submitted financial documents the projected budget for the home.

Ms. Ruth Poberesky is designated as licensee designee and Ella Maryakhin is the administrator for this facility. Criminal history background checks of Ms. Poberesky and Ms. Maryakhin were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Poberesky and Ms. Maryakhin also submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Poberesky is the Secretary and Ms. Maryakhin is the President of Absolute Care LLC. Both Ms. Poberesky and Ms. Maryakhin are Registered Nurses. Ms. Poberesky is the owner/operator of RM Home Care since 2005 where she has provided all aspects of daily living care since 2005. Ms. Maryakhin Has worked at RM Home Care since 2007 providing nursing services to the geriatric population. Both Ms. Poberesky and Ms. Maryakhin have MHHA Psychiatric Home Care Certification.

The staffing pattern for the original license of this 6 bed facility is adequate. Ms. Poberesky 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. Ms. Poberesky has indicated that direct care staff will be awake during sleeping hours.



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Ms. Poberesky 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.

Ms. Poberesky acknowledged an understanding of the responsibility to assess the good moral character of employees and 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) and the related documents required to demonstrate compliance.

Ms. Poberesky 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.

Ms. Poberesky 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, Ms. Poberesky 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 the retention schedule for those documents contained within each employee's record.

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

Ms. Poberesky acknowledged the 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. Poberesky 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.

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



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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 residents' personal money transactions that have been agreed to be managed by Absolute Care LLC.

Ms. Poberesky 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 and indicated the intent to respect and safeguard these resident rights.

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

Ms. Poberesky 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

There was no rule or statutory violations at the final inspection.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license for this facility.

Felicia Townsend

08/24/2016

Felicia Townsend
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

08/31/2016

Denise Y. Nunn
Area Manager

Date