



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 21, 2018

Daniel Giannotti  
7107 Cedar Lake Road  
Pinckney, MI 48169

RE: Application #: AF470392233  
**Cedar Home Care**  
**7107 Cedar Lake Road**  
**Pinckney, MI 48169**

Dear Mr. Giannotti:

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 2 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 "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-8967

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF470392233
<b>Applicant Name:</b>	Daniel Giannotti
<b>Applicant Address:</b>	7107 Cedar Lake Road Pinckney, MI 48169
<b>Applicant Telephone #:</b>	
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Cedar Home Care
<b>Facility Address:</b>	7107 Cedar Lake Road Pinckney, MI 48169
<b>Facility Telephone #:</b>	(810) 986-0641
<b>Application Date:</b>	01/19/2018
<b>Capacity:</b>	2
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

01/19/2018	Enrollment
01/24/2018	PSOR on Address Completed
01/24/2018	Inspection Report Requested - Health Inv. #1027868
01/24/2018	Contact - Document Sent Rule & Act booklets
01/24/2018	Application Incomplete Letter Sent App - Boxes 1,3 & 49 - corrected; rec cl, FP's, RI-030 for Daniel; rec cl for Barb (RP)
01/26/2018	Contact - Document Received App - Boxes 1, 3 & 49
04/12/2018	Contact - Document Received Rec cl & RI-030 for Dan (applicant)
04/13/2018	Contact - Document Received Rec cl for Barb (RP)
04/19/2018	Application Incomplete Letter Sent Requesting additional paperwork, need medical and TB on resp. person, need proof of ownership, etc.
05/21/2018	Consultation Requested/Provided Met with Dan and Barb at the house to do a preliminary visit. Went over the rules and found items that needed corrected in the physical plant prior to formal licensing inspection.
06/07/2018	Application Complete/On-site Needed Received approved corrective action plan from items in the confirming letter. Ready for final inspection.

06/12/2018 Inspection Completed-BCAL Sub. Compliance

06/13/2018 Approved Corrective Action Plan received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a ranch style construction over a full basement located in a rural part of Livingston County. There are three total bedrooms on the main floor, two bedrooms will be designated for residents. When entering the home through the front door, to the left of the foyer, the entire living room and dining area make up one large room. The kitchen is adjacent to the living and dining area. The home is not wheel chair assessable. The main front entrance door is the primary means of egress with a secondary means of egress through a large sliding glass door wall on the back of the home. The home is set on five acres, utilizes a private water well and has a private sewage disposal system.

The home has a new natural gas water heater and furnace located in the basement, which is unfinished. At the base of the stairs down from the main level, there is a solid wood core door, 1 ¾ inch thick with an automatic closing device. It also has positive latching hardware.

The home has interconnected hardwired smoke detection system that was professionally installed and is fully operational. There are two carbon monoxide detectors installed on the main floor. The smoke detectors are installed near the sleeping area of the home and in the basement area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9 X 9	81	1
2	9 X 11	99	1

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to two residents who are aged, physically disabled, mentally ill, or with dementia. The program will include activities to encourage independence as well as social activities of going to the library, shopping, movies, church, gardening, bird watching, wildlife watching, games,

puzzles, camping, fishing, and going out for lunches or dinners. The applicant intends to accept referrals from the Veteran's Administration program.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

### **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant and responsible person were completed, and they were determined to be eligible and of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current TB-tine negative results.

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 and other resources for operation until income from residents is sufficient to operate the program, from current outside employment.

The applicant acknowledges the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for two residents will be the responsibility of the family home applicant, 24 hours a day/7days a week. A responsible person will be on call in an emergency for up to 72 hours.

The applicant acknowledges that the number of responsible persons-to-residents on duty in the home may need to increase in order to provide an adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 applicant acknowledges 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.

The applicant acknowledges the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 applicant acknowledges an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicates intent to respect and safeguard these resident rights.

The applicant acknowledges 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 their causes. The applicant indicates intent to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

## D. Rule/Statutory Violations

**R 400.1426            Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

**At the time of inspection, the hot water temperature was measured at 135 degrees. The temperature gauge on the home water heater is turned down and the licensee submitted an approved corrective action plan to regularly test the temperature of the hot water. These checked temperature readings will be provided as compliant prior to any resident occupying the home.**

**R 400.1440            Heat producing equipment.**

**(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.**

At the time of inspection, the approved door did not stay latched when closed. An approved corrective action plan is received that the door latch will be repaired and functional with documentation of the repair provided to the department.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 2).

*Candace L. Pilarski*

6/13/2018

Candace Pilarski  
Licensing Consultant

Date

Approved By:

*A. Hunter*

6/21/2018

Ardra Hunter  
Area Manager

Date