



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 9, 2018

Silvia Bortas  
6674 E. Knollwood Cir  
West Bloomfield, MI 48322

RE: Application #: AF630384706  
**Knollwood Villa**  
**6674 E. Knollwood Cir**  
**West Bloomfield, MI 48322**

Dear Ms. Bortas:

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 that reads "Cindy Adams".

Cindy Adams, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF630384706
<b>Applicant Name:</b>	Silvia Bortas
<b>Applicant Address:</b>	6674 E. Knollwood Cir West Bloomfield, MI 48322
<b>Applicant Telephone #:</b>	(248) 904-4935
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Knollwood Villa
<b>Facility Address:</b>	6674 E. Knollwood Cir West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(248) 325-9003
<b>Application Date:</b>	08/31/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## **II. METHODOLOGY**

08/31/2016	Enrollment
09/06/2016	Application Incomplete Letter Sent FP,1326A, RI030/Silvia,1326As/Flavius & Florin.
09/06/2016	Contact - Document Sent Act & Rules.
09/06/2016	PSOR on Address Completed
09/21/2016	Licensing Unit file referred for background check review SC&FP-Yes/Florin.
09/22/2016	File Transferred to Field Office Pontiac.
09/27/2016	Contact - Document Received Licensing file received from Central office
11/15/2016	Application Incomplete Letter Sent
05/05/2017	Inspection Completed On-site
05/05/2017	Application Incomplete Letter Sent
03/01/2018	Contact - Document Sent Continued interest letter sent
08/27/2018	Contact - Document Received Received an email from the licensee.
08/28/2018	Inspection Completed On-site
09/05/2018	Contact - Document Received
09/05/2018	Inspection completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This evaluation is based upon requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Knollwood Villa is located at 6674 E. Knollwood Circle, West Bloomfield, MI 48322. The home is owned by Douglas and Karen Kaselitz (Commercial Contracting) with a lease agreement established between Karen Kaselitz and Silvia Bortas. Ms. Bortas submitted a copy of the lease agreement showing that the lease term remains in effect until May 31, 2021 with an option to continue the lease for an additional 1-5 year period.

Knollwood Villa is a ranch-style, brick structured home that does not contain a basement. The home consists of a living room, dining room, great room, kitchen, 5 bedrooms (4 for resident use and 1 for Ms. Bortas use), a first-floor laundry room, 3 full bathrooms, 1 half bathroom (1 full bath contained in bedroom # 1 and 1 full bath contained in Ms. Bortas bedroom) and an attached garage. In addition to the primary rooms on the first floor of the home, there is an additional loft area over the laundry room that is occupied by Ms. Bortas son. The home is wheelchair accessible as there is a threshold ramp at the front of the home.

The facility is heated by three natural gas forced air furnaces with one located in the hallway off the kitchen, one inside of bedroom # 4 and one outside of bedroom # 4. All three furnaces are equipped with an approved fire rated door and contain an automatic self-closing device with positive-latching hardware. The facility is equipped with battery-powered, single-station smoke detectors that are installed near sleeping areas, on each occupied floor of the home and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'11" x 12'6"	186	2
2	11'8" x 13'5"	156	2
3	9'10" x 10'9"	105	1
4	17'4" x 9'9"	169	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 883 square feet of living space. This 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 facility's licensed capacity.

## **B. Program Description**

Silvia Bortas applied for an original license on 8/31/2016 for a family home and has designated her son, Flavius Bortas as the responsible person. The application indicates that the home will accept both male and female residents who are aged and suffer Alzheimer's disease. Residents can be ambulatory or non-ambulatory as the home is barrier free by design.

Ms. Bortas intends to provide 24-hour supervision, protection and personal care to six (6) residents. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

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 the applicant to utilize local community resources including public libraries, 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**

Criminal history background checks of Silvia Bortas and Flavius Bortas were completed and they were determined to be of good moral character to provide licensed adult foster care. Silvia Bortas and Flavius Bortas submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Bortas has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Ms. Bortas acknowledged the requirement that the licensee(s) 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 6 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Ms. Bortas acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

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

Ms. Bortas acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Bortas acknowledge(s) 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.

Ms. Bortas acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Bortas indicate(s) that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Bortas 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.

Ms. Bortas 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. Bortas acknowledged 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.

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

Ms. Bortas 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.

Ms. Bortas acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Bortas indicated intent to respect and safeguard these resident rights.

Ms. Bortas 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 issuing a discharge before a 30-day written discharge notice.

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

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to his adult foster care family home with a capacity of 6.



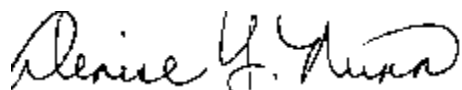
10/11/2018

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Cindy Adams  
Licensing Consultant

Date

Approved By:



11/09/2018

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Denise Y. Nunn  
Area Manager

Date