



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 10, 2018

Lidia Petrean
22300 Waltz Rd
New Boston, MI 48164

RE: Application #: AF820392351
Waltz Manor
22300 Waltz Rd
New Boston, MI 48164

Dear Ms. Petrean:

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 5 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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF820392351
Applicant Name:	Lidia Petrean
Applicant Address:	22300 Waltz Rd New Boston, MI 48164
Applicant Telephone #:	(313)727-8980
Administrator/Licensee Designee:	N/A
Name of Facility:	Waltz Manor
Facility Address:	22300 Waltz Rd New Boston, MI 48164
Facility Telephone #:	(313) 727-8980
Application Date:	01/29/2018
Capacity:	5
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

01/29/2018	Enrollment
01/30/2018	Contact - Document Sent Rules and Acts books
01/30/2018	PSOR on Address Completed
01/30/2018	Application Incomplete Letter Sent 1326, RI-030, fingerprint for Tiffany and Lidia. 1326 for Florentina Bejan
04/02/2018	Contact - Document Received 1326, RI-030, fingerprint for Lidia and Tiffany. 1326 for Florentina Bejan.
04/02/2018	Licensing Unit file referred for background check review Given to Candace. Lidia has a fingerprint that did not download
04/02/2018	Lic. Unit file referred for background check review
04/11/2018	File Transferred to Field Office Detroit
04/25/2018	Application Incomplete Letter Sent
05/08/2018	Contact - Telephone call made Spoke with Ms. Petrean regarding incomplete app documents
06/06/2018	Contact - Telephone call received Ms. Petrean reported that the home is not quite ready for inspection.
07/02/2018	Contact - Telephone call made Onsite inspection scheduled for 07/31/18.

07/02/2018	Application Complete/On-site Needed
07/31/2018	Inspection Completed On-site
07/31/2018	Inspection Completed-BCAL Sub. Compliance
08/07/2018	Inspection Report Requested - Health Home has private sewage
08/07/2018	Inspection Completed On-site
08/07/2018	Inspection Completed-BCAL Full Compliance
08/08/2018	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Waltz Manor family home is located in a residential area in New Boston. The home is a new construction single story structure with a full basement and attached two-car garage. The front of the home has earth tone colored rock facing and the sides and back of the home have grey aluminum siding. The home has a long-cemented driveway with extra parking spaces to the left. The first floor of the home consists of a living room, dining room, kitchen, 2 full bathrooms, a half bathroom and four bedrooms. The licensee will occupy one of the bedrooms leaving three available for resident use.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with a 1 ¾ solid wood core fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The smoke alarm system is powered by the buildings electrical system and has a battery backup. The home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

The home has public water and is in compliance with environmental health rules.

The home has private sewer and the Wayne County Health Department recommended full approval on 07/19/18 and 08/08/18.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Location	Dimensions	Square Footage
Dining Room	16'4" x 12'11"	211 sq. ft.
Living Room	18'4" x 16'4"	299 sq. ft.

The living rooms and dining room areas measured a total of 510 sq. ft. This exceeds the 35 sq. ft. per resident requirement.

Bedroom #	Dimensions	Square Footage	Number of Beds
North	10'5" x 12'11"	135 sq. ft.	2
North East	10'8" x 11'9"	125 sq. ft.	1
South East	11'10" x 12'2" + 1'x10"x5'	155 sq. ft.	2

The applicant has requested a license for 5 residents and based on the above information can accommodate 5 residents.

B. Program Description

Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory or non-ambulatory, female adults whose diagnosis is Alzheimer's and Aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

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 the public schools and library, 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

Lidia Petrean is the applicant. The applicant lives in the home with her two adult daughters. The applicant has designated a responsible person who can be available to supervise the residents in her absence.

Criminal background checks on the applicant and responsible person and members of the household were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant, responsible person and members of the household submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of residents as evidenced by the projected income from caring for AFC residents along with her current outside employment.

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

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase 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 acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

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) and the related documents required to demonstrate compliance.

The applicant acknowledged 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 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.

The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend 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 applicants.

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

The applicant 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 discharge notice.

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 temporary license to this AFC adult family home (capacity 5).



Pandrea Robinson
Licensing Consultant

08/09/18
Date

Approved By:



Ardra Hunter
Area Manager

08/10/18
Date