



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 1, 2018

Joanne Garza
Lakeshore Foster Home, LLC
4636 Boulder Dr
Sterling Heights, MI 48310

RE: Application #: AS500392323
Lakeshore Foster Home
14431 Lakeshore Dr
Sterling Heights, MI 48313

Dear Mrs. Garza:

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 six (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 blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 835-6827

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS500392323
Licensee Name:	Lakeshore Foster Home, LLC
Licensee Address:	4636 Boulder Dr Sterling Heights, MI 48310
Licensee Telephone #:	(586) 321-9555
Administrator/Licensee Designee:	Joanne Garza
Name of Facility:	Lakeshore Foster Home
Facility Address:	14431 Lakeshore Dr Sterling Heights, MI 48313
Facility Telephone #:	(586) 321-9555
Application Date:	01/29/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

01/29/2018	On-Line Enrollment
01/30/2018	Contact - Document Sent
02/05/2018	Contact - Document Received Application received for Ms. Garza (Licensee Designee & Administrator)
02/09/2018	Contact - Document Received Licensing file received from Central office
04/24/2018	Application Incomplete Letter Sent Incomplete letter sent to licensee Ms. Garza.
05/21/2018	Contact - Document Received Licensing paperwork received from licensee Ms. Garza.
06/13/2018	Inspection Completed On-site
07/02/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-family brick ranch-style home. The home is wheelchair accessible. The home is in a residential neighborhood in Sterling Heights, a suburb north of the city of Detroit. The home and community are serviced by public water and sewage systems. Medical, educational, and social resources are located within proximity to the home in the surrounding community.

Lakeshore Foster Home features an interconnected smoke detection. Fire extinguishers have been installed and mounted as required in the home. The home is heated by a gas, forced-air heating system located within the basement of the home with a solid-core door equipped with a self-closing device as required by R400.14511. The home also features central air conditioning. The facility's heating, cooling, and electrical systems have been inspected by qualified inspectors and certified as being in good operating condition.

The living, family, and activity areas are located off the front entrance. The residents' dining area is shared with the common area. The laundry room is near the kitchen area. The home features one full bath in the hallway by the bedrooms. I measured all the community living space and bedrooms within the home to determine occupancy limits.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	12'8" x 9'11" plus 2'2" x 5'5"	137 sq. ft.	2
Bedroom #2	11'4" x 9'9"	110 sq. ft.	1
Bedroom #3	14'4" x 14'9"	211 sq. ft.	2
Bedroom #4	10'2" x 9'10"	100 sq. ft.	1

Total capacity: 6

The activity, dining, living, and family room areas measure a total of 763 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Lakeshore Foster Home, LLC submitted an original application for licensure on January 2018. The intended population is male and female adults between 18 years of age or older who require foster care due to being aged, physically handicapped, Alzheimer's, and developmentally disabled in the least restrictive environment possible. The facility is also able to accommodate any individual that may use a wheelchair.

Lakeshore Foster Home is committed to providing a safe, loving, and comfortable environment that nurtures an individual's highest functioning behavior by honoring their life history, supports their strengths, and maintains their dignity. Staff will provide for each resident quality individualized care to meet the needs and preferences of each resident. Lakeshore Foster Home will provide full assistance with personal care and daily activities, medication management, meals, daily housekeeping and laundry services, 24-hour monitoring for safety and responding to health needs, arranging/coordinating medical care, and transportation arrangements. Lakeshore Foster Home will also encourage residents to participate in recreational services and activities that will assist in social awareness and continued self-confidence.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

C. Applicant and Administrator Qualifications

The applicant is Lakeshore Foster Home LLC, and was established in Michigan on January, 2018. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Lakeshore Foster Home, LLC has submitted documentation appointing Joanne Garza as Licensee Designee for this facility. Ms. Garza has 5 years of experience working with the aged, Alzheimer's, physically handicapped, population and is also a licensee and administrator at one other licensed facility that is currently in operation. Ms. Garza is certified as both a nursing assistant and home health aide. She has worked in licensed AFC homes as a direct caregiver since 2013, and is obtaining her MBA and Master of Science in Finance through Walsh College.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Garza. Ms. Garza submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Garza has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 6-bed facility is adequate and includes 1-2 staff to 6 residents per day and afternoon shifts, as well as midnight shifts, depending on the needs of the residents. All staff shall be awake during sleeping hours.

Joanne Garza, the licensee designee, acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Ms. Garza acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file. Ms. Garza acknowledges an understanding of the training and qualification 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 as required with Rules 400.14204 and 400.14208.

Joanne Garza acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant 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 record to demonstrate compliance.

Joanne Garza acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Garza 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 required with Rules 400.14312.

Joanne Garza acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Garza indicated that it is her intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Joanne Garza 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. Ms. Garza has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per Rules 400.14311.

Joanne Garza acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Joanne Garza acknowledges her responsibility to obtain all the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Garza acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file consistent with Rule 400.14316(1)(a) through (2).

Joanne Garza acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

D. Rule/Statutory Violations

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

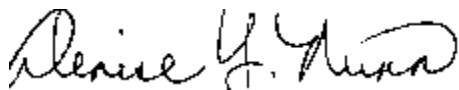


7/19/2018

Linda Pavlovski
Licensing Consultant

Date

Approved By:



07/19/2018

Denise Y. Nunn
Area Manager

Date