



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 1, 2018

Denise Aleardi
La Viva LLC
34206 W. 13 Mile Road
Farmington Hills, MI 48331

RE: Application #: AS630394033
Nannie's Inn
3050 Spring St.
West Bloomfield, MI 48322

Dear Ms. Aleardi:

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 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

License Application #: AS630394033

Applicant Name: La Viva LLC

Applicant Address: 34206 W. 13 Mile Road
Farmington Hills, MI 48331

Applicant Telephone #: (734) 788-3000

Licensee Designee: Denise Aleardi

Administrator: Denise Aleardi

Name of Facility: Nannie's Inn

Facility Address: 3050 Spring St.
West Bloomfield, MI 48322

Facility Telephone #: (734) 788-3000

Application Date: 05/09/2018

Capacity: 6

Program Type: MENTALLY ILL
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

| | |
|------------|--|
| 05/09/2018 | Enrollment |
| 05/09/2018 | Contact - Document Sent Rules and Acts books |
| 05/09/2018 | Application Incomplete Letter Sent 1326, RI-030, FP, 100 for Denise. Receipt of Federal Tax ID # letter from IRS |
| 05/30/2018 | Contact - Document Received Corrected App. and Receipt of Federal Tax ID # letter from IRS. |
| 06/04/2018 | Contact - Document Received 1326, RI-030, FP, and 100 for Denise. |
| 06/04/2018 | File Transferred to Field Office Pontiac |
| 06/07/2018 | Contact - Document Received Licensing file received from central office |
| 06/26/2018 | Application Incomplete Letter Sent |
| 07/03/2018 | Contact - Document Received Received documents from the licensee designee |
| 07/18/2018 | Contact - Document Received Received documents from the licensee designee. |
| 07/18/2018 | Application Complete/On-site Needed |
| 07/27/2018 | Inspection Completed On-site-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act 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.

Nannie's Inn is located at 3050 Spring Street in West Bloomfield, MI and is owned by Lauren Tenney. Proof of ownership and permission to inspect the property is contained in the facility file.

Nannie’s Inn is a brick, ranch styled structure with 3,031 square feet of living space with an attached garage of 705 square feet. The home is situated on a residential street in the City of West Bloomfield. The home is near many resources for shopping, worship, and recreation. The home is serviced by municipal water and sewage systems through the City of West Bloomfield. The home consists of a living room, dining room, family room, kitchen, breakfast nook, three bedrooms, an office, first floor laundry room, two full bathrooms, one half bathroom and a basement. The home is wheelchair accessible with wheelchair ramps at the front and back entrance of the home.

The home is heated by a natural gas forced air furnace. The furnace and hot water heater are contained in the basement with an additional hot water heater located on the main level of the home near bedroom #5. The enclosures on both units are equipped with the required 1 3/4-inch solid core wood door that automatically closes. The facility is also equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational.

The bedrooms were neat, clean and properly furnished. Each bedroom has an easily operable window, a mirror for grooming and a chair. The bedrooms all have adequate closet space for storage and adequate lighting to provide for the need of the residents.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 10’ x 14’8” | 146 | 1 |
| 2 | 10’ x 12’8” | 126 | 1 |
| 3 | 13’7” x 9’7” | 130 | 1 |
| 4 | 12’8” x 16’7” | 210 | 2 |
| 5 | 14’9” x 19’11” | 293 | 1 |

Total capacity: 6

The indoor living and dining areas measure a total of 999 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

Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written. La Viva LLC intends to provide 24-hour supervision, protection and personal care to six (6) adults, male and/or female, who are 60 years of age or older, who suffer from mental illness, Alzheimer’s Disease and those who suffer from a traumatic brain injury.

According to the program statement, supervision and personal care services will be provided to each resident based on his or her individual needs. Each resident's plan of care will be established based on his or her individual needs. As part of the basic fee, La Viva LLC will provide room and board, three daily meals, snacks, laundry cleaning and all aspects of personal care as needed for bathing, toileting, grooming, dressing, and personal hygiene, maintenance of medication, arranging transportation and arranging medical appointments. La Viva LLC will offer both indoor and outdoor activities in accordance to the preferences and/or needs and interest of the residents and their family members.

If required, behavioral intervention programs will be developed as identified in an individual's assessment plan. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, and the responsible agency as written and established by qualified behavioral specialists.

C. Applicant and Administrator Qualifications

The applicant is La Viva LLC, a "Domestic Limited Liability Company", established in Michigan on 5/24/2018. 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 members of La Viva LLC. have submitted documentation appointing Denise Aleardi as the licensee designee and as the administrator of this facility.

A criminal history background check of Denise Aleardi was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Aleardi submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Aleardi provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Aleardi currently serves as the licensee designee and administrator for five licensed adult foster care homes: Aleardi's 13 Mile (AS630338329), Aleardi's Place of West Bloomfield I (AS630276214), Aleardi's Place of West Bloomfield II (AS630291519), Aleardi's Lialic Inn (AS630371353) and Applewood Lane Place (AS630388971). She has served in this capacity for almost 15 years. Ms. Aleardi holds an undergraduate degree in Gerontology and a master's degree in Hospice Administration.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff member to 6 residents between the hours of 7 am and 9 pm and 1 staff member between the hours of 9 pm and 7 am. Ms. Aleardi acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical or medical needs. Ms. Aleardi has indicated that direct care staff will be awake during sleeping hours.

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

Ms. Aleardi 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(s) *or licensee designee* will administer medication to residents. In addition, Ms. Aleardi 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. Aleardi 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. Aleardi 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. Aleardi 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. Aleardi acknowledge 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. Aleardi 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. Aleardi acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Aleardi 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 applicant.

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

Ms. Aleardi 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. Aleardi 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.

Ms. Aleardi 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 this adult foster care small group home with a capacity of 6.

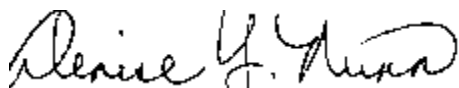


7/31/2018

Cindy Adams
Licensing Consultant

Date

Approved By:



08/01/2018

Denise Y. Nunn
Area Manager

Date