



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 29, 2018

Marium Belles
Stratford House LLC
38986 Lakeshore
Harrison Township, MI 48045

RE: Application #: AS630393040
Stratford House
2026 Stratford Dr
Troy, MI 48083

Dear Ms. Belles:

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 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 #:	AS630393040
Licensee Name:	Stratford House LLC
Licensee Address:	2026 Stratford Drive Troy, MI 48045
Licensee Telephone #:	(586) 909-7600
Administrator/Licensee Designee:	Marium Belles
Name of Facility:	Stratford House
Facility Address:	2026 Stratford Dr Troy, MI 48083
Facility Telephone #:	(248) 817-6804
Application Date:	03/12/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/12/2018	On-Line Enrollment
03/13/2018	Contact - Document Sent Rules book
04/05/2018	Contact - Document Received 1326, RI-030, FP for Marium
04/12/2018	File Transferred to Field Office Pontiac
04/16/2018	Contact - Document Received Licensing file received from Central office
04/19/2018	Application Incomplete Letter Sent Incomplete letter sent to applicant.
07/24/2018	Inspection Completed On-site
08/13/2018	Inspection Completed-BCAL Sub. Compliance
09/04/2018	Contact - Document Received Corrections received
11/16/2018	Contact - Document Received Received paperwork.
11/16/2018	Application Complete/On-site Needed
11/16/2018	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 Troy, 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.

Stratford House 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 room and activity area 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 two full baths 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	10'2" x 8'6"	86 sq. ft.	1
Bedroom #2	11'6" x 10'2"	117 sq. ft.	1
Bedroom #3	10'6" x 10'1"	106 sq. ft.	1
Bedroom #4	9'11" x 9'2"	91 sq. ft.	1
Bedroom #5	8'11" x 10'1"	90 sq. ft.	1
Bedroom #6	8'11" x 8'10" plus 3'7" x 2'5"	87 sq. ft.	1

Total capacity: 6

The activity, dining, and living room areas measure a total of 509 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

Stratford House, LLC submitted an original application for licensure on March 2018. The intended population is male and female adults 55 years of age or older who require foster care due to being aged, physically handicapped, and Alzheimer's in the least restrictive environment possible. The facility is also able to accommodate any individual that may use a wheelchair.

Stratford House is committed to providing the highest quality of service and care in a compassionate, nurturing surrounding. Stratford House is dedicated to creating a supportive, safe, home-like environment allowing residents to enjoy a lifestyle promoting dignity and independence. Staff will provide for each resident quality individualized care to meet the needs and preferences of each resident. Stratford House 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 to coordinate medical care. Stratford House will also encourage residents

to participate in recreational services and activities that will assist in social awareness and continued self-confidence. Stratford House will meet the needs of their residents that have been identified with Alzheimer's by coordinating with medical professionals, and with the family/legal guardian to meet their specific needs. In addition to collaborating with the medical professionals and family, Stratford House will incorporate a daily program routine for the residents at their own ability which include: (1.) morning mental workout with discussions, (2.) brain stimulation games, (3) music therapy, (4) reminiscing scents, (4) daily life skills, (5) physical activities such as walking, chair yoga, & gardening, and (6) recreational in-facility activities such as bingo, crafts, movies, and game nights.

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 Stratford House 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 Stratford House, LLC has submitted documentation appointing Marium Belles as Licensee Designee for this facility. Ms. Belles has been working as a direct caregiver in a licensed AFC home and manager since 2016 for the aged, Alzheimer's, and physically handicapped population. Ms. Belles also completed her Business Management degree in 2006 and has worked in customer service for eight years.

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

Ms. Belles 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.

Marium Belles, 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. Belles 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. Belles 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.

Ms. Belles 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.

Ms. Belles 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. Belles 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.

Ms. Belles 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. Belles indicated that it is her intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Mariam Belles 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. Belles 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.

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

Mariam Belles 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. Belles 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).

Marium Belles 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 (6 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).

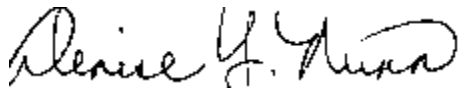


11/27/2018

Linda Pavlovski
Licensing Consultant

Date

Approved By:



11/29/2018

Denise Y. Nunn
Area Manager

Date