



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 23, 2018

Ruth Poberesky
Absolute Care, LLC
5847 Naneva Court
West Bloomfield, MI 48322

RE: Application #: AS630394140
Absolute 4
5790 Farmington Rd
West Bloomfield, MI 48322

Dear Ms. Poberesky:

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630394140
Licensee Name:	Absolute Care, LLC
Licensee Address:	5847 Naneva Court West Bloomfield, MI 48322
Licensee Telephone #:	(248) 252-6310
Administrator/Licensee Designee:	Ella Maryakhin, Administrator Ruth Poberesky, Licensee Designee
Name of Facility:	Absolute 4
Facility Address:	5790 Farmington Rd West Bloomfield, MI 48322
Facility Telephone #:	(248) 252-6310
Application Date:	05/15/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

05/15/2018	On-Line Enrollment
05/16/2018	Contact - Document Sent Rules and Acts books.
05/31/2018	Contact - Document Received 1326 for Ruth. 100 for Ella
05/31/2018	File Transferred to Field Office Pontiac
06/04/2018	Contact - Document Received Licensing file received from Central office
06/20/2018	Application Incomplete Letter Sent
06/26/2018	Application Complete/On-site Needed
06/26/2018	Contact - Document Received Received documentation
07/05/2018	Inspection Completed On-site
07/05/2018	Inspection Completed-BCAL Sub. Compliance
07/05/2018	Application Incomplete Letter Sent Confirming Letter sent
07/18/2018	Contact - Document Received Received documentation
07/24/2018	Inspection Completed On-site
07/24/2018	Inspection Completed-BCAL Sub. Compliance Full compliance for physical plant. Missing some required documents
08/07/2018	Contact - Document Received Received documentation
08/08/2018	Contact - Document Received Received documentation
08/08/2018	Inspection Completed-BCAL Full Compliance Last onsite inspection 07/24/2018
08/23/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch located in the city of West Bloomfield. The main level consists of five resident bedrooms, lavatory, laundry room, full bathroom, family room, and a kitchen with a large adjoined dining area. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1-3/4inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of stairs. Resident activities are not allowed in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'4"x 9'9"	110.47	1
2	9'6" x 12'8"	120.37	1
3	10'9" x 9'10"	105.67	1
4	10'10" x 10'10"- 3'7" x 1'1"	113.42	1
5	11'4" x 15'11"	180.37	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 483.85 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (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. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Absolute, LLC intends to

accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Absolute, LLC which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/23/2015. Absolute, LLC 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 Absolute, LLC have submitted documentation appointing Ruth Poberesky as Licensee Designee for this facility and Ella Maryakhin as the Administrator of the facility.

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

Ms. Poberesky and Ms. Maryakhin have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Poberesky and Ms. Maryakhin are actively serving as licensee designee and administrator, respectively, of the following licensed adult foster care facilities: Absolute Care LLC (AS630377772), Naneva (AS630381107), and Absolute 3 (AS63039027). The populations served in these facilities are mentally ill, aged, and physically handicapped. Ms. Poberesky and Ms. Maryakhin have approximately three years of experience in their roles. In addition, Ms. Poberesky has at least two years of experience providing care to residents with Dementia or related illness in a psychiatric hospital.

The staffing pattern for the original license of this 6- bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Ms. Poberesky acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Poberesky indicated that direct care staff will be awake during sleeping hours.

Ms. Poberesky acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Poberesky 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. Poberesky acknowledged an understanding of the responsibility to assess the good moral character of employees 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Poberesky acknowledged 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. Poberesky 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. Poberesky acknowledged her 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. Poberesky acknowledged her 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. Poberesky acknowledged 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. Poberesky acknowledged her 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. Poberesky acknowledged her 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. Poberesky acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Poberesky 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. Poberesky acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Poberesky indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Poberesky acknowledged 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. Poberesky 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.

Ms. Poberesky acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

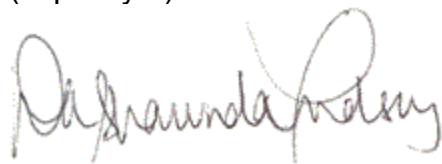
Ms. Poberesky acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Absolute, LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



08/23/2018

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



08/23/2018

Denise Y. Nunn
Area Manager

Date