



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 5, 2019

Gina Freemon  
Heart to Home LLC  
41185 Judd Rd  
Belleville, MI 48111

RE: Application #: AS820396759  
**Wendy Manor**  
**15539 Wendy St**  
**Taylor, MI 48180**

Dear Ms. Freemon:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820396759
<b>Applicant Name:</b>	Heart to Home LLC
<b>Applicant Address:</b>	41185 Judd Rd Belleville, MI 48111
<b>Applicant Telephone #:</b>	(734) 231-6312
<b>Licensee Designee:</b>	Gina Freemon
<b>Administrator:</b>	Andrea Reaume
<b>Name of Facility:</b>	Wendy Manor
<b>Facility Address:</b>	15539 Wendy St Taylor, MI 48180
<b>Facility Telephone #:</b>	(734) 231-6312
<b>Application Date:</b>	10/08/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

10/08/2018	Enrollment
10/15/2018	Contact - Document Sent Rules and Acts books.
10/15/2018	Application Incomplete Letter Sent 1326, RI-030, and FP for Gina. 100 for Andrea.
11/01/2018	Contact - Document Received 1326, RI-030, and FP for Gina. 100 for Andrea.
11/01/2018	Lic. Unit file referred for background check review
11/15/2018	File Transferred To Field Office Detroit
12/07/2018	Contact - Telephone call made Telephone call to applicant. Message left.
01/03/2019	Inspection Completed On-site
01/08/2019	Inspection Completed On-site
01/08/2019	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single-story brick dwelling located in a residential neighborhood in the city of Taylor in Wayne County. The facility has a paved driveway and on street parking for staff and visitors. The facility has a living/dining area, four resident bedrooms, and one full resident bathroom. The facility utilizes city water supply and sewer system.

The furnace and hot water heater and laundry area are located off the kitchen area of the facility. Separation between this area and the living area of the facility is created by a fire door located in the kitchen. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with interconnected smoke detection system. Smoke detectors are located in all the resident bedrooms, the hallway, living area and kitchen area. The facility is equipped with fire extinguishers which are located in the kitchen/dining area and in the furnace room.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'8" X 7'9"	93.22	1 Resident
Bedroom # 2	11'8" X 8'5"	100.3	1 Resident
Bedroom # 3	11'8" X 12'1"	142.78	2 Residents
Bedroom # 4	12'1" X 13'3"	160.93	2 Residents
Living/Dining Area	25'0" X 11'0"	275.0	

The living areas measure a total of 275 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.

The facility cannot accommodate wheelchairs.

#### B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female aged residents who are 50 years or older and who do not use a wheelchair. The program will include the opportunity to socialize with one another through conversation and group activities and leisure time. Activities can include card and board games, listening to music, various arts and crafts projects, television, reading and participation in exercise programs and sports activities. The applicant also plans on utilizing various community resources such as going to local libraries, shopping malls, restaurants, area parks and other special community events. The applicant plans on encouraging each resident's personal interest and activities with family and friends.

### **C. Applicant and Administrator Qualifications**

The applicant is Heart to Home LLC, a Domestic Limited Liability Company established on 3/29/2018. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from the employment as a nurse and verification of at least 3 months of operating capital available for immediate use.

Gina Freemon is the licensee designee for the facility. A criminal history clearance was completed on 11/1/2018 for Ms. Freemon and no criminal convictions were found to prevent Ms. Freemon from acting as licensee designee. Ms. Freemon submitted a medical clearance dated 6/18/2018 documenting that no physical or mental conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Freemon.

Andrea Reaume is the administrator for the facility. A criminal history clearance was completed on 11/1/2018 for Ms. Reaume and no criminal convictions were found. Ms. Reaume submitted a medical clearance dated 3/26/2018 documenting that no physical or mental conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Reaume.

The applicant and administrator have provided documentation to satisfy qualifications and training requirements identified in the group home administrative rules. Both Ms. Freemon and Ms. Reaume provided documentation and references that they have 11 years of experience working as licensed home health care nurses provided care to aged adults in their homes.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant 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 or licensee designee will administer medication to residents. In addition, the applicant 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.

The applicant t 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, the applicant 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 up the retention schedule for those document contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant 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.

**D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

**IV. RECOMMENDATION**

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



1/31/2019

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Andrea Green  
Licensing Consultant

Date

Approved By:



2/5/2019

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Ardra Hunter  
Area Manager

Date