



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 12, 2019

Mike Batu
3400 Crooks
Rochester Hills, MI 48309

RE: Application #: AF630395972
Butterfly Meadows Family Home
3400 Crooks
Rochester Hills, MI 48309

Dear Mr. Batu:

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 4 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 "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630395972
Licensee Name:	Mike Batu
Licensee Address:	3400 Crooks Rochester Hills, MI 48309
Licensee Telephone #:	(248) 703-6084
Administrator/Licensee Designee:	N/A
Name of Facility:	Butterfly Meadows Family Home
Facility Address:	3400 Crooks Rochester Hills, MI 48309
Facility Telephone #:	(248) 656-4630
Application Date:	08/25/2018
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMER'S

II. METHODOLOGY

08/25/2018	On-Line Enrollment
08/27/2018	PSOR on Address Completed NO
08/27/2018	Contact - Document Sent Rules and Acts books
09/10/2018	Contact - Document Received 1326, RI-030, FP for Mike. 100 for Sarah and James.
09/11/2018	File Transferred To Field Office Pontiac
09/17/2018	Contact - Document Received Licensing file received from Central office
10/16/2018	Application Incomplete Letter Sent
11/19/2018	Contact - Document Received Documentation emailed from M. Batu
11/19/2018	Contact - Document Sent Email sent to M. Batu
11/29/2018	Contact - Document Received Email from M. Batu
12/06/2018	Inspection Completed On-site
12/06/2018	Inspection Completed-BCAL Sub. Compliance
12/09/2018	Contact - Document Received M. Batu inquired regarding facility name change
12/14/2018	Contact - Document Received documents received regarding rule violations. (heat plant door and egress ramp)
12/14/2018	Application Complete/On-site Needed
12/14/2018	Inspection Completed On-site
12/20/2018	Contact - Document Received Email from M. Batu

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Butterfly Meadows Family Home adult foster family care home is located in a residential area in Rochester Hills, Michigan. Butterfly Meadows Family Home family foster care home, constructed in 1960 is a single- story structure, ranch style home. There is a full finished basement in the home. The home is owned by the applicant's son, James Batu. The home has a proposed occupancy of four adult foster care residents. The community is serviced by public water and sewage system. Medical, social, educational, religious and shopping resources are located nearby within the surrounding community. Laundry facilities are located in the basement of the home and includes a gas-dryer with a flexible galvanized metal duct.

The first floor of the home consists of a living room, dining room, kitchen, three bedrooms and a full bathroom. (two bedrooms are designated for residents' use)

There is additional private family space in the basement of the home, that consists of a kitchenette, family room, bedroom and laundry room.

The furnace and hot water heater are located in the basement. The heating plant door is 1¾ inch and equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with ceiling mounted smoke detectors between the sleeping area, the living room, kitchen and basement. Mr. Batu is aware that the detectors should be tested and that batteries shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer per Rule 400.137.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'.6" x 12'.9"	159.3 square feet	2
2	13'.1" x 12'.9"	166.80 square feet	2

Total capacity: 4

Resident Living Space	Room Dimensions	Total Square Footage
Living Room	20' x 14'.6"	290 square feet
Dining Room	10' x 10'.9"	107 square feet
Kitchen	12'.10 x 11'.9"	150 square feet

The living room, dining room, and kitchen, room areas measure a total of 479 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

During the onsite inspection I observed the home and bedrooms were furnished according to the applicable licensing rules and statutes.

B. Program Description

Mike Batu intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged, developmentally disabled, and/or Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of Mr. Batu to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicant, Mike Batu is the proposed licensee. James and Sarah Simonji are proposed responsible persons. The occupants of the family home are Mike Batu and his wife, Cornelia Batu, daughter, Sarah Simonji and son-in-law, James Simonji.

Criminal history background checks of Mike Batu, James Simonji, Sarah Simonji were completed and determined to be of good moral character to provide licensed adult foster care. Mike Batu, Cornelia Batu, James Simonji, and Sarah Simonji submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mike Batu has sufficient financial resources to provide for the adequate care of the residents, as Mr. Batu is not required to pay any rent to his son, James Batu. The applicant, Mike Batu has full access to his son's bank account with a balance of \$28,000 to assist him in any financial costs related to the Butterfly Meadows Family Home. (Signed letter from and bank account statement from James Batu is on file.)

Mike Batu acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of Mike Batu Licensee, Butterfly Meadows Family Home, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours and available to provide care and supervision for the residents for longer durations as needed.

Mike Batu acknowledged an understanding of the qualification and suitability requirements to provide care to the residents in the home. Mike Batu provided a copy of a letter from Crittenton Hospital Medical Center, Dr. Nada Hana Bachuri, which documented his experience in caring for Mr. Batu's mother, who was diagnosed with Alzheimer's and dementia. The letter specifies Mr. Batu's many years of experience in providing personal care, such as feeding, grooming, bathing and other daily care necessities. Dr. Bachuri recommended Mr. Batu as fit and responsible to take care of the elderly.

Proposed responsible person, Sarah Simonji provided a certificate of Completion, dated 08/05/14 from the Warren Health Academy as a Nurse Assistant and a letter of recommendation from Carmen Ionescu, Emmanuel Community Healing Hands, LLC. Sarah Simonji worked for Ms. Ionescu for over one year. Ms. Ionescu recommended Sarah Simonji to work with elderly people and described her as hard working, compassionate, caring, loving, dependable and reliable.

Mike Batu acknowledged an understanding of the responsibility to assess the good moral character of employees as well as obtaining criminal record checks of employees and contractors who have regular, ongoing and direct contact with residents.

Mike Batu acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mike Batu acknowledged an understanding that medications will be stored in a locked area/cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mike Batu 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.

Mike Batu acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, 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.

Mike Batu acknowledged the responsibility to maintain a current resident record on file for each resident in the home as well as a resident register to document all of the residents' admission and discharge dates from the home.

Mike Batu acknowledged an understanding of the administrative rules regarding the handling of resident funds and the requirement to complete the resident funds part I and II forms for each resident.

Mike Batu acknowledged an understanding of the administrative rules regarding informing residents of their resident rights as well as the home admission and discharge criteria.

Mike Batu acknowledged that residents will not reside in the basement of the home.

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 the quality of care will be assessed during the temporary license period.

E. Recommendation

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of four (4) residents.

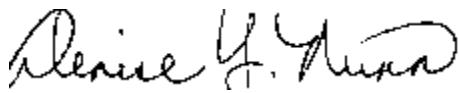


02/12/19

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



02/12/2019

Denise Y. Nunn
Area Manager

Date