



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 23, 2019

Daniela Cleminte
Daniela's Serenity Care LLC
1278 Leon
Walled Lake, MI 48390

RE: Application #: AS630398546
Daniela's Serenity Care
1278 Leon
Walled Lake, MI 48390

Dear Mrs. Cleminte:

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 "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 #: AS630398546

Applicant Name: Daniela's Serenity Care LLC

Applicant Address: 1278 Leon
Walled Lake, MI 48390

Applicant Telephone #: (248) 739-1964

Administrator/Licensee Designee: Daniela Cleminte

Name of Facility: Daniela's Serenity Care

Facility Address: 1278 Leon
Walled Lake, MI 48390

Facility Telephone #:

Application Date: 02/28/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED, AGED
ALZHEIMERS

II. METHODOLOGY

02/28/2019	Enrollment App submitted online 2/24/19 did not download.
02/28/2019	Contact - Document Sent Acts book
02/28/2019	Application Incomplete Letter Sent 1326 and 100 for Daniela.
05/01/2019	Contact - Document Received 1326 and 100 for Daniela.
05/02/2019	File Transferred To Field Office Pontiac
05/07/2019	Contact - Document Received Licensing file received from Central office
05/21/2019	Application Incomplete Letter Sent
05/22/2019	Contact - Document Received Email received from D. Cleminte
06/18/2019	Inspection Completed On-site
06/18/2019	Application Complete/On-site Needed
06/19/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Daniela's Serenity Care, adult foster care home is located in a residential area in Walled Lake, MI. The home is a single story, ranch structure with an attached garage and a full basement. The home consists of a living room, dining room, kitchen, three full bathrooms and four bedrooms.

The gas forced furnace and hot water heater are in the basement with a 1³/₄ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. 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 x 15.4 6.6 x 7	213	1
2	12 x 12 12.5 x 4	193	1
3	14.5 x 13.5 3.9 x 8.5	224	2
4	14.5 x 13.5 3.9 x 8.5	224	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 1038.9 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. 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. The applicant, Daniela Cleminte, has an active family home license (AF630353145) at this address and the home currently has six (6) residents.

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 does not provide transportation. The residents or their responsible persons will arrange transportation for program and medical needs. In case of an emergency or medical crisis, the licensee will contact 911 to request an ambulance. 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 Daniela Serenity Care L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, 2014. 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.

A licensing record clearance request was completed with no lein convictions recorded for the applicant/ licensee designee Daniela Cleminte. Daniela Cleminte submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Daniela Cleminte has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant, Daniela Cleminte, has an active family home license (AF630353145) at this address and the home currently has six (6) residents. Daniela Cleminte is also the licensee designee for a small group home, Daniela Serenity Care II, (AS630381180). Daniela Serenity Care II has been in operation since 5/12/16. Prior to opening her own family and small group homes, Daniela Cleminte provided care to elderly and physically handicapped adults as a direct care worker at Blossom Hill Nursing home. Additionally, Daniela Cleminte is a licensed Esthetician.

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. All staff shall be awake during sleeping hours.

Daniela Cleminte 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 1-to-6 resident ratio.

Daniela Cleminte 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. Daniela Cleminte acknowledges and understanding that she will retain related documents required to be maintained in each employees’ record to demonstrate compliance.

Daniela Cleminte 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. Cleminte 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.

Daniela Cleminte 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. Cleminte 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.

Daniela Cleminte acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights.

Daniela Cleminte 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. Cleminte 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.

Daniela Cleminte acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Daniela Cleminte 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. Cleminte 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.

Daniela Cleminte 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.

D. Rule/Statutory Violations

The applicant 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 1-6).

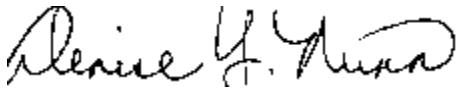


07/11/19

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



07/12/2019

Denise Y. Nunn
Area Manager

Date