



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 7, 2019

Alisha Lominac  
Our Home Senior Living, LLC  
8900 Gittins Street  
Commerce Township, MI 48382

RE: Application #: AS630400235  
Our Home Senior Living  
760 Robar Cir.  
White Lake, MI 48386

Dear Ms. Lominac:

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 that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630400235
<b>Licensee Name:</b>	Our Home Senior Living, LLC
<b>Licensee Address:</b>	8900 Gittins Street Commerce Township, MI 48382
<b>Licensee Telephone #:</b>	(313) 575-4092
<b>Administrator/Licensee Designee:</b>	Alisha Lominac
<b>Name of Facility:</b>	Our Home Senior Living
<b>Facility Address:</b>	760 Robar Cir. White Lake, MI 48386
<b>Facility Telephone #:</b>	(313) 575-4092
<b>Application Date:</b>	06/17/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

06/17/2019	On-Line Enrollment
06/20/2019	Contact - Document Sent Forms sent
06/25/2019	Contact - Document Received 1326, RI-030 & FPS for Alisha
06/25/2019	File Transferred To Field Office Pontiac
06/28/2019	Contact - Document Received Licensing file receive from central office
07/23/2019	Contact - Telephone call made To licensee designee re: incorrect application submitted
07/23/2019	Contact - Document Received Revised Corporate Application
07/23/2019	Application Incomplete Letter Sent
07/24/2019	Contact - Document Received Program statement, policies, medical clearance, TB testing
08/06/2019	Contact - Document Received Admission and discharge policy, organizational chart, revised policies
08/07/2019	Application Complete/On-site Needed
08/07/2019	Inspection Completed On-site
08/07/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

## A. Physical Description of Facility

Our Home Senior Living is located in a residential area at 760 Robar Cir., White Lake, MI 48386. The home is a single story, brick structure with a full basement and an attached two car garage. The first floor of the home consists of a living room, dining room, kitchen, two full bathrooms, one half bathroom, six bedrooms, and an office.

Our Home Senior Living is located 6 miles away from DMC Huron Valley-Sinai Hospital, which includes a 24/7 emergency department. The facility is a short distance from many restaurants, recreational facilities, shopping centers, medical facilities, and places of worship. The White Lake Twp. police department responds to emergency calls from the home.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer, and it was between 105-120° F.

The home has two primary means of egress. The front entrance is at ground level, which is the primary means of egress. The second means of egress exits to the back deck that has a ramp. The home is qualified for admission of residents who use a wheelchair. Door alarms are installed on each outside door of the home, providing a noise alert when opened.

The bedrooms have the following dimensions:

Bedroom #	Room Dimensions	(-) Closet/ Wardrobe	Total Square Footage	Total Resident Beds
1	11 x 12	3.8 x 1.7	125.5	1
2	10.3 x 12	3.8 x 1.7	117.1	1
3	10.2 x 12	3.8 x 1.7	115.9	1
4	11 x 11	3.8 x 1.7	114.5	1
5	12.6 x 12.8	5.5 x 2.3	148.6	1
6	12.7 x 12.7	5.5 x 2.3	148.6	1

**Total capacity: 6**

The living room and dining room areas offer a total of 446 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

Based on the above information, it is concluded that this facility can accommodate six 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 Our Home Senior Living were reviewed and accepted as written. Our Home Senior Living will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. Our Home Senior Living will provide long term care to the aged population, including individuals with dementia, Alzheimer's disease, developmental disabilities, traumatic brain injuries (TBI), and physical handicaps.

Our Home Senior Living will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Our Home Senior Living will provide memory care services for those who suffer from dementia or Alzheimer's disease. Trained staff will provide services such as: massage, music therapy, recreational and physical activities, arts and crafts, games, and news updates. In order to ensure the safety of the residents, all exit doors are equipped with an audible alarm and the facility is monitored with a closed-circuit surveillance system. The residents' beds are also equipped with alarms that trigger a pager carried by staff.

Our Home Senior Living will offer additional in-home services that are available through community resources such as visiting physicians, visiting nurses, physical and occupational therapy, and hospice care.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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.

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

The applicant is Our Home Senior Living LLC, which is a "Domestic Limited Liability Company", established in Michigan on 06/18/19. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Alisha Lominac has been appointed as the licensee designee and administrator for the facility.

A criminal history background check was completed for the licensee designee, Alisha Lominac. She was determined to be of good moral character to provide licensed adult

foster care. Ms. Lominac submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Lominac has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Lominac has a Bachelor of Science degree in Occupational Therapy and is a registered occupational therapist in the state of Michigan. She has nearly 20 years of experience in various home care and clinical settings performing evaluations, developing care plans, implementing treatment programs, communicating with family members, doctors, and all disciplines associated with patient care for elderly/dementia, TBI, and developmentally and/or mentally disabled adults.

Ms. Lominac 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. Lominac acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Ms. Lominac acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Lominac 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.

Ms. Lominac 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, Ms. Lominac acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Lominac 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.

Ms. Lominac 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.

Ms. Lominac acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Lominac acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Our Home Senior Living LLC.

Ms. Lominac 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 and indicated the intent to respect and safeguard these resident rights.

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

Ms. Lominac 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.

### **C. Rule/Statutory Violations**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that Our Home Senior Living took over operations from Green Valley Senior Living (AS630387568). At the time of licensure, the facility is currently providing services to six individuals.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care facility, Our Home Senior Living, with a capacity of six residents



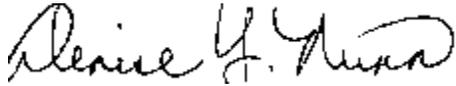
08/07/19

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



08/07/2019

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Denise Y. Nunn  
Area Manager

Date