



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2019

Damaris Pop  
31015 Runnymede St  
Farmington Hills, MI 48334

RE: Application #: **AF630398910**  
**Oak View Care Home**  
**31015 Runnymede St**  
**Farmington Hills, MI 48334**

Dear Mrs. Pop:

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**

<b>License #:</b>	AF630398910
<b>Applicant Name:</b>	Damaris Pop
<b>Applicant Address:</b>	31015 Runnymede St Farmington Hills, MI 48334
<b>Applicant Telephone #:</b>	(248) 476-4825
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Oak View Care Home
<b>Facility Address:</b>	31015 Runnymede St Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 631-6156
<b>Application Date:</b>	03/20/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODOLOGY

03/20/2019	Enrollment
03/25/2019	Contact - Document Received Rules and Act books.
03/25/2019	PSOR on Address Completed No
03/25/2019	Application Incomplete Letter Sent 100 for Maria.
04/05/2019	Contact - Document Received 100 for Maria.
04/05/2019	File Transferred To Field Office Pontiac
04/10/2019	Contact - Document Received Licensing file received from Central office
04/17/2019	Application Incomplete Letter Sent
05/21/2019	Contact - Telephone call made Telephone call made to applicant Damaris Pop. She stated she is still working on the paperwork. She will contact me once she is ready for an onsite inspection.
08/07/2019	Application Complete/On-site Needed
08/07/2019	Inspection Completed On-site
08/07/2019	Inspection Completed-BCAL Sub. Compliance
08/07/2019	Application Incomplete Letter Sent
08/21/2019	Inspection Completed On-site
08/21/2019	Inspection Completed-BCAL Full Compliance
08/21/2019	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This ranch facility is in the city of Farmington Hills. The main level consist of five resident bedrooms, the licensee's bedroom, a kitchen, one full bathroom, a lavatory, an adjoined living and dining room, a den and a laundry room. There is also a lavatory attached to one of the resident's bedroom. The facility is wheelchair accessible and has at least, 1 approved means of egress that is equipped with a ramp from the main level. The facility utilizes public or private water and sewage.

The gas furnace and water heater are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace. There are fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'9" x 8'10" -5'5" x 5'1"	111.54	1
2	15'10" x 8'11" -5'5" x 5'1"	113.67	1
3	21'1" x 8'1" -4'1" x 10'10"	126.14	1
4	12'9" x 14'1"	179.52	2
5	14'1" x 12'9"	179.52	1

**Total: 6**

The living, dining, and sitting room areas measure a total of 687.79 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

The applicant Damaris Pop intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Mrs. Pop intends to accept residents from Oakland County-DHS, Oakland County CMH, and/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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant 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**

A licensing record clearance request was completed with no LEIN convictions recorded for applicant Damaris Pop. Mrs. Pop and responsible person Maria Pop submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Pop have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment. In addition, Mrs. Pop receives financial support from her spouse.

Mrs. Pop acknowledged the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Mrs. Pop indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. Mrs. Pop acknowledged that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mrs. Pop acknowledged an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mrs. Pop 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mrs. Pop acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mrs. Pop indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Pop acknowledged her responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Mrs. Pop acknowledged that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

Mrs. Pop acknowledged her responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Mrs. Pop 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.

Mrs. Pop 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.

Mrs. Pop 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 required to be maintained within each resident's file.

Mrs. Pop acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mrs. Pop 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.

Mrs. Pop acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mrs. Pop indicated that it is her intent to achieve and maintain compliance with these requirements.

Mrs. Pop acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Mrs. Pop indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mrs. Pop acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

**D. Rules or Statutory Violations**

The applicant Damaris Pop was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-6).

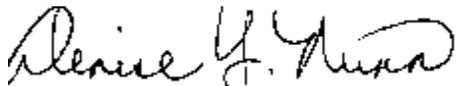


08/21/2019

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



08/23/2019

Denise Y. Nunn  
Area Manager

Date