

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 7, 2020

Marcus Evangelista Drake Real Estate LLC Suite 333 7071 Orchard Lake Rd West Bloomfield, MI 48322

RE: Application #: AS630400788

Drake Real Estate LLC 1059 Valleyview Dr Clarkston, MI 48348

Dear Mr. Evangelista:

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,

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

License #: AS630400788

Drake Real Estate LLC **Applicant Name:** 

**Applicant Address:** Suite 333

7071 Orchard Lake Rd

West Bloomfield, MI 48322

**Applicant Telephone #:** (248) 626-1114

Administrator/Licensee Designee: Stella Evangelista/Marcus Evangelista

Name of Facility: Drake Real Estate LLC

**Facility Address:** 1059 Valleyview Dr

Clarkston, MI 48348

Facility Telephone #: (248) 626-1114

07/25/2019 **Application Date:** 

Capacity: 6

**Program Type:** PHYSICALLY HANDICAPPED

> **DEVELOPMENTALLY DISABLED** TRAUMATICALLY BRAIN INJURED

# II. METHODOLOGY

| 07/25/2019 | Enrollment   |
|------------|--|
| 07/26/2019 | Contact - Document Received<br>1326 for Marcus, AFC100 for Stella          |
| 08/02/2019 | Contact - Document Received<br>Licensing file received from Central office |
| 08/13/2019 | Application Incomplete Letter Sent   |
| 09/12/2019 | Contact - Document Received Received documentation                         |
| 10/02/2019 | Inspection Completed On-site   |
| 10/02/2019 | Inspection Completed-BCAL Sub. Compliance                                  |
| 10/03/2019 | Application Incomplete Letter Sent Confirming letter emailed               |
| 10/25/2019 | Inspection Completed On-site   |
| 10/25/2019 | Inspection Completed-BCAL Sub. Compliance                                  |
| 10/29/2019 | Application Incomplete Letter Sent Confirming letter emailed               |
| 11/19/2019 | Contact - Document Received Documentation received                         |
| 11/19/2019 | Application Incomplete Letter Sent Confirming letter emailed               |
| 11/26/2019 | Contact - Document Received Received documentation                         |
| 12/02/2019 | Contact - Document Received Received documentation                         |
| 12/16/2019 | Contact - Document Received Received documentation                         |
| 12/18/2019 | Contact - Document Received Received documentation                         |
| 12/19/2019 | Application Complete/On-site Needed  |

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This ranch style facility is in city of Clarkston. The main level consists of six resident bedrooms, a kitchen with an attached living room and dining area, exercise and therapy room, two full bathrooms, office, lavatory and laundry room. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot 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 located at top of stairs. The basement is off limits to residents. 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         | 14'8" x 12'3"<br>-6'8" x 2'5"  | 163.57               | 1*                  |
| 2         | 12'1" x 14'6"<br>-2'5" x 6'8"  | 159.02               | 1*                  |
| 3         | 12'3" x 14'5"<br>-2'5" x 6'8"  | 160.51               | 1*                  |
| 4         | 14'7" x 12'4"<br>-2'6" x 6'10" | 162.69               | 1*                  |
| 5         | 14'6" x 12'1"<br>-6'8" x 2'5"  | 159.02               | 1*                  |
| 6         | 14'6" x 12'1"<br>-2'5" x 6'8"  | 159.02               | 1*                  |

**Total capacity: 6** 

The living, dining, and sitting room areas measure a total of 798.51 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.

<sup>\*</sup>This bedroom is large enough for two residents.

#### **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 intends to accept private pay individuals.

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 will provide all transportation for program and medical needs. 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 Drake Real Estate LLC which is a "Domestic Limited Liability Company", was established in Michigan, on 07/29/2014. Drake Real Estate LLC 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.

The members of Drake Real Estate LLC have submitted documentation appointing Marcus Evangelista as Licensee Designee for this facility and Stella Evangelista as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Evangelista and Ms. Evangelista. Mr. Evangelista and Ms. Evangelista submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Evangelista and Ms. Evangelista have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Evangelista and Ms. Evangelista have both been licensed as nursing home administrators for over 14 years. Ms. Evangelista has worked with residents who are traumatically brained injured, developmentally disabled and physically handicapped for over 15 years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Mr. Evangelista acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Mr. Evangelista indicated that direct care staff will be awake during sleeping hours.

Mr. Evangelista acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mr. Evangelista 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.

Mr. Evangelista acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Evangelista acknowledged 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, Mr. Evangelista indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Evangelista acknowledged his 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, Mr. Evangelista acknowledged his 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 the retention schedule for those documents contained within each employee's record.

Mr. Evangelista 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.

Mr. Evangelista acknowledged his 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.

Mr. Evangelista acknowledged his 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.

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

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

Mr. Evangelista acknowledged 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. Mr. Evangelista indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Evangelista acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Evangelista acknowledged the residents with mobility impairments may only reside on the main floor of the facility.

#### D. Rule/Statutory Violations

Drake Real Estate LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

## VI. RECOMMENDATION

| I recommend issuance | of a temporary license | to this AFC adult s | mall group home |
|----------------------|------------------------|---------------------|-----------------|
| (capacity 6).        |                        |                     |                 |

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|----------------------|-------------------|
|                      | <u>12/19/2019</u> |
| DaShawnda Lindsey    | Date              |
| Licensing Consultant |                   |
|                      |                   |

Approved By:

Denise Y. Nunn Date
Area Manager