



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 14, 2020

Veronica Iacoban
28529 Cumberland
Farmington Hills, MI 48334

RE: Application #: AF630400208
Pleasant Valley Family Care
28529 Cumberland
Farmington Hills, MI 48334

Dear Ms. Iacoban:

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

License #:	AF630400208
Licensee Name:	Veronica Iacoban
Licensee Address:	28529 Cumberland Farmington Hills, MI 48334
Licensee Telephone #:	(313) 721-7603
Name of Facility:	Pleasant Valley Family Care
Facility Address:	28529 Cumberland Farmington Hills, MI 48334
Facility Telephone #:	(734) 626-3257
Application Date:	06/15/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

06/15/2019	On-Line Enrollment
06/20/2019	Contact - Document Sent Forms sent
08/06/2019	Contact - Document Received 1326 for Veronica, updated app, AFC100 for Bernard
08/06/2019	Contact - Telephone call made Advised that Veronica cannot be both the licensee and the responsible person and that she would need to find a new Responsible Person if Bernard was being removed.
08/23/2019	Lic. Unit file referred for background check review ICHAT hit on Nicoleta Polocoser, given to Candace Pilarski for review
08/30/2019	Contact - Document Received Licensing file received from Central office
10/22/2019	Application Incomplete Letter Sent Emailed to licensee
11/12/2019	Contact - Document Received Proof of ownership, admission, discharge policies, medical clearances, evacuation plan
01/13/2020	Contact - Telephone call received From licensee designee
01/24/2020	Contact - Document Sent Request for updated medical clearances
02/05/2020	Inspection Completed On-site
02/05/2020	Contact - Document Received Updated medical clearance
02/05/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pleasant Valley Family Care is a single-story home located at 28529 Cumberland, Farmington Hills, MI 48334. The area of the home that is designated for residents has six single occupancy bedrooms, two of which have an attached ½ bathroom, one full bathroom, a living room, dining, room, and kitchen. Veronica Iacoban, her husband, and their two children reside in the other half of the home, which is separated from the residents' area by a door that leads to the living room. The home is located in a suburban area of Farmington Hills that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Farmington Hills Police Department responds to emergency calls from the home. Beaumont Hospital Farmington Hills is located five miles from the home.

The home does not have a basement. The furnace and hot water heater are located in a utility room on the family's side of the home, which is equipped with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. There is a second furnace room on the residents' side of the home which also has a 1¾ inch solid core door 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 a public sewer system. The home has a ramp at the primary means of egress and is able to accommodate residents who use a wheelchair.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.5 x 10.5	128.75	1
2 w/ ½ bathroom	12.4 x 12.3	152.5	1
3	11.9 x 10.5	124.95	1
4	11.9 x 10.9	129.7	1
5 w/ ½ bathroom	13.9 x 10.9	151.5	1
6	12.8 x 11.8	151	1

Total capacity: 6

The living and dining room areas measure a total of 719 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Pleasant Valley Family Care intends to provide 24-hour supervision, protection and personal care to six residents, whose diagnosis is mentally ill, developmentally disabled, physically handicapped, traumatic brain injury, or aged. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities. Transportation will not be provided by Pleasant Valley Family Care. The home will utilize a visiting physician to treat the medical needs of the 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, or the responsible person.

The facility will engage the residents in daily activities including crafts, checkers, board games, card games, exercises, and spending time outdoors if the weather permits. Pleasant Valley Family Care intends to provide the highest and best level of care, and to respect the dignity and independence of the residents, while giving their family members the peace of mind knowing that all of their needs are being met.

C. Applicant and Responsible Person Qualifications

The applicant, Veronica Iacoban, identified Nicoleta Polocoser as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Veronica Iacoban and Nicoleta Polocoser. Veronica Iacoban and Nicoleta Polocoser submitted medical clearance forms with statements from a physician documenting their good health and current TB-tine negative results. A criminal history check, medical clearance, and TB test were also completed for Veronica Iacoban's husband, Bernard Iacoban, who is an adult member of the household.

Ms. Iacoban indicated that she has sufficient financial resources to provide for the adequate care of the residents for a period of at least three months utilizing the non-applicant spouse's income and savings or available cash.

Ms. Iacoban acknowledged that an adult foster care family home requires the licensee to 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 residents will be the responsibility of Ms. Iacoban 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Ms. Iacoban acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Iacoban acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledged 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) and the related documents required to demonstrate compliance.

Ms. Iacoban acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Iacoban 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. Iacoban acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, she acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, responsible person, volunteer, or staff, and the retention schedule for all of the documents contained within each employee’s file.

Ms. Iacoban 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.

Ms. Iacoban 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.

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

Ms. Iacoban 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. Ms. Iacoban has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

Ms. Iacoban acknowledged her responsibility to obtain 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. Iacoban acknowledged her responsibility to

maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

Ms. Jacoban was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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




02/14/20

Kristen Donnay
Licensing Consultant

Date

Approved By:



02/14/2020

Denise Y. Nunn
Area Manager

Date