



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 4, 2021

Falguni Raval  
Divine Caring Home LLC  
26123 Sunbury CT  
Novi, MI 48374

RE: Application #:	AS250402105 McCandlish Manor 4191 McCandlish Road Grand Blanc, MI 48439
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Dear Ms. Raval:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250402105
<b>Licensee Name:</b>	Divine Caring Home LLC
<b>Licensee Address:</b>	26123 Sunbury CT Novi, MI 48374
<b>Licensee Telephone #:</b>	(248) 464-8584
<b>Administrator/Licensee Designee:</b>	Falguni Raval, Designee Rebecca Shimmel, Administrator
<b>Name of Facility:</b>	McCandlish Manor
<b>Facility Address:</b>	4191 McCandlish Road Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(810) 584-7032
<b>Application Date:</b>	10/22/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

10/22/2019	On-Line Enrollment
10/23/2019	Contact - Document Sent forms
10/31/2019	Contact - Document Received App; IRS ltr; 1326, RI-030, med cl & TB for Falguni; 1326A, med cl & TB for Wendy
11/04/2019	Contact - Document Received afc 100 wendy
11/14/2019	Contact - Telephone call received I spoke to Mr. Raval about the requirements needed for a licensee designee
11/18/2019	Application Incomplete Letter Sent Via email
02/13/2020	Contact - Telephone call received I spoke to Ms. Raval and answered licensing questions
02/13/2020	Contact - Document Sent Email sent to Ms. Raval explaining the fingerprint requirements for Wendy Taylor to be listed as the Licensee Designee
10/02/2020	Contact - Telephone call made I left a message for the licensee designee, Falguni Raval asking if she is still interested in pursuing her license. I asked her to call me back.
10/02/2020	Contact - Telephone call received Ms. Raval said she is still interested in pursuing this license. She said that she will mail the paperwork to me on Monday, October 5.
10/06/2020	Contact - Document Received amended app, afc 100
10/15/2020	Contact - Document Sent Email sent to licensee approving the administrator and licensee designee. Also resent application incomplete letter requesting documentation to continue processing her application.
10/19/2020	Contact - Document Received File documentation received

10/19/2020	Application Incomplete Letter Sent 2nd application incomplete letter sent via email
11/16/2020	Application Incomplete Letter Sent 3rd application incomplete letter sent via email
11/18/2020	Application Complete/On-site Needed
01/28/2021	Inspection Completed On-site
01/28/2021	Inspection Completed-BCAL Sub. Compliance
02/01/2021	Corrective Action Plan Received
02/01/2021	Corrective Action Plan Approved
03/01/2021	Inspection Completed Full Compliance
03/04/2021	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

McCandlish Manor Adult Foster Care facility is located at 4191 McCandlish Road in the City of Grand Blanc. This home is currently licensed as a family home under license number AF250312315. The licensee, Amy Cork has sold the home and is retiring from the AFC business. The home is now owned by Divine Caring Home, LLC. This LLC was established on 10/03/19 by Ms. Falguni Raval. The home has a private well and public sewer. The well was inspected by the Genesee County Health Department on 02/17/2021 and was given an "A" rating.

This is a ranch-style home located in a well-established neighborhood. The main floor consists of a living room, kitchen, dining area, five bedrooms, two full bathrooms and one ½ bathroom. There is also a 3-season/sunroom located at the back of the facility. The main bathroom is fully equipped with a walk-in shower with safety bars as well as safety bars near the toilet. The other full bathroom is connected to the Southwest bedroom (Bedroom #3) and is fully equipped with a shower with safety bars and safety bars near the toilet. The ½ bathroom is located off the kitchen area near the side door, leading to the garage. There are safety bars near the toilet.

There are three independent means of egress, but only two of them are available for resident use. The first exit is located at the front of the facility and is equipped with a wheelchair ramp, leading to the driveway of the home. The second exit is located off the

sunroom and is equipped with a wheelchair ramp, leading to the side of the home. The third exit is located off a small foyer which leads to the garage. This exit is not considered an emergency exit since it is not equipped with a ramp. This facility is wheelchair accessible and the ramps meet R 400.14509, Means of egress; wheelchairs.

The washer and dryer are separated from the living/dining room area by twin doors which are kept locked. The dryer is equipped with a solid metal vent. The licensee keeps all the facility's cleaning supplies in this area, away from the residents.

The two furnaces and one hot water heater are located in the basement. They were inspected on 11/03/20 by J.F. Jacobs, Inc. and deemed to be in safe working condition. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the bottom of the stairs. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10' x 13'	130 sq. ft.	1
#2	13' x 12'	156 sq. ft.	2
#3	14'6" x 11'6"	167 sq. ft.	2
#4	10' x 10'	100 sq. ft.	1
#5	10' x 13'	130 sq. ft.	1

The living and dining room areas measure a total of 403 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. Bedroom #2 and Bedroom #3 are both suitable for two residents. The licensee wants the flexibility to allow either one of these rooms to be a private room for a resident depending on his or her needs. The licensee verbalized her understanding that under no circumstances can she exceed her licensed capacity of six **(6)** 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 aged, developmentally disabled and/or physically handicapped 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. Residents

will be referred from local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc.

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 ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. 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. Licensee Designee and Administrator Qualifications**

The applicant is Divine Caring Home, LLC which is a Domestic Limited Liability Company established in Michigan on 10/03/19. 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.

The applicant, Falguni Raval is the licensee designee. She has named Rebecca Shimmel as the administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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. Staff will remain awake during the nighttime shift.

The applicant 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 –to- resident ratio.

The applicant 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 Identigo website ([www.identigo.com](http://www.identigo.com)) by MorphoTrust USA and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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, the applicant 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.

The applicant 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, the applicant 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 of the documents contained within each employee's file.

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

The applicant 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. The applicant 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.

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

The applicant acknowledges her responsibility to obtain all of 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, the applicant acknowledges 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. The applicant 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. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.

*Susan Hutchinson*

March 4, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

March 4, 2021

Mary E Holton Area Manager	Date
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