



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2021

Jimmy Manansala, Jr.
Serenity Elderly Care, LLC
37100 Baker Drive
Westland, MI 48185

RE: Application #: AS820407360
Serenity Elderly Care - Livonia
14248 N Livonia Crescent
Livonia, MI 48154

Dear Mr. Manansala, Jr.:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820407360
Applicant Name:	Serenity Elderly Care, LLC
Applicant Address:	4111 Renee Dr Troy, MI 48085
Applicant Telephone #:	(248) 251-2711
Administrator/Licensee Designee:	Jimmy Manansala, Jr., Designee
Name of Facility:	Serenity Elderly Care - Livonia
Facility Address:	14248 N Livonia Crescent Livonia, MI 48154
Facility Telephone #:	(248) 722-2220
Application Date:	02/18/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

02/18/2021	Enrollment
02/23/2021	Application Incomplete Letter Sent 1326 for jimmy
02/25/2021	Contact - Document Received 1326 & copy of RI030 for jimmy
03/24/2021	Application Incomplete Letter Sent
04/28/2021	Contact - Document Received Enrollment documents received.
05/25/2021	Contact - Telephone call made Telephone call to applicant. Applicant requested that application incomplete letter be resent.
05/25/2021	Contact - Document Sent Application incomplete letter resent.
05/25/2021	Contact - Telephone call made Telephone call to Mr. Manansala.
05/25/2021	Contact - Document Sent Email to Mr. Manansala with additional items needed for enrollment documents.
05/25/2021	Contact - Document Received Additional enrollment documents received.
05/25/2021	Contact - Telephone call received Telephone call from applicant Jimmy Manansala. He stated that he emailed additional documents. He stated that the home is almost ready for an on-site. He will call.
07/14/2021	Inspection Completed On-site

07/14/2021 Inspection Completed-BCAL Sub. Compliance

08/02/2021 Application Complete/On-site Needed

08/02/2021 Inspection Completed-BCAL – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story brick and stone dwelling located in a residential neighborhood in the city of Livonia, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has a living room, a dining room, four resident bedrooms, two full resident bathrooms, and a heated sunroom. The facility has wheelchair ramps at the front and side exits and is wheelchair accessible. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located on the same level as the residents. Separation between the rest of the facility is created by a fire door. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in both bedroom hallways, the kitchen and bedroom # 4. The facility is equipped with fire extinguishers in the kitchen and furnace room.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'0" X 13'8"	150.26	1 Resident
Bedroom # 2	11'0" X 13'7"	149.38	2 Residents
Bedroom # 3	9' 0" X 12'4"	120.21	1 Resident
Bedroom # 4	14'6" X 13'6"	195.75	2 Residents
Living Room	22'1" X 13'8"	325.68	
Sun Room	16'6" X 11'7"	191.07	

The living areas measure a total of 516 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 (6) residents.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept aged adults and adults with Alzheimer's who may or may not use a wheelchair. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as making use of resources in the community. The facility will encourage and facilitate interactions with family and friends.

C. Applicant and Administrator Qualifications

The applicant is Serenity Elderly Care, LLC, a Domestic Profit Corporation established on 3/20/2018. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from operating an active AFC home and verification of at least 3 months of operating capital available for immediate use.

Jimmy P. Manansala, Jr. is the licensee designee and administrator for the facility. A criminal history clearance was completed on 2/25/2021 for Mr. Manansala and no criminal convictions were found. Mr. Manansala submitted a medical clearance dated 2/26/2021 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Manansala.

The applicant and administrator has provided documentation to satisfy the qualification and training requirements identified in the group home administrative rules. Mr. Manansala provided documentation that he has 2 years of experience as the licensee designee and administrator in an active adult foster care home which is licensed to provide care for aged adults, adults with Alzheimer's and physically disabled adults. Mr. Manansala also has provided documentation that he has 16 years of experience working as a home health licensed physical therapist specializing in the geriatric population. Mr. Manansala provided documentation that he has completed training through the National CPR Foundation, MALA, A-1 Homecare Consulting and Staffing, and Home Connect Inc.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant 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.

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

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 t 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, the applicant acknowledged the 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 up the retention schedule for those document contained within each employee’s record.

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

The applicant 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.

The applicant 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.

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

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

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

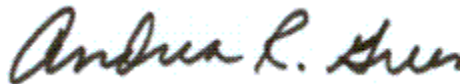
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

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



10/06/2021

Andrea Green
Licensing Consultant

Date

Approved By:



10/07/2021

Ardra Hunter
Area Manager

Date