



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2022

Maria-Diana Reboya
HOMES Senior Living LLC
28720 Bayberry Ct W
Livonia, MI 48154

RE: Application #: AS820410172
HOMES Senior Living LLC
14250 Lenmoore Rd
Van Buren TWP, MI 48111

Dear Mrs. Reboya:

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 "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820410172
Licensee Name:	HOMES Senior Living LLC
Licensee Address:	14250 Lenmoore Rd Van Buren Twp, MI 48111
Licensee Telephone #:	(734) 325-7846
Administrator/Licensee Designee:	Maria-Diana Reboya
Name of Facility:	HOMES Senior Living LLC
Facility Address:	14250 Lenmoore Rd Van Buren TWP, MI 48111
Facility Telephone #:	(248) 719-6561
Application Date:	09/02/2021
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/02/2021	On-Line Enrollment
10/06/2021	Contact - Document Received 1326,ri030,afc100
10/27/2021	Contact - Document Received Enrollment documents
11/16/2021	Contact - Document Sent Requested training and experience from licensee designee and administrator
01/27/2022	Inspection Completed On-site
01/28/2022	Contact - Face to Face Teams meeting to discuss enrollment documents
02/02/2022	Contact - Document Received Additional enrollment documents and picture from facility
02/09/2022	Application Complete/On-site Needed
12/22/2022	Contact - Document Received Enrollment documents

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The HOMES Senior Living LLC home is located in a residential area of the city of Belleville. The tan colored brick and aluminum siding, ranch style home has spacious living and dining areas with skylight, six bedrooms and no basement. The home has an attached garage with a fenced backyard.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located on the same level as the living area in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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	10.58 ft. X 14.42 ft.	152.56 sq. ft.	1
2	9.25 ft. X 12.25 ft.	113.31 sq. ft.	1
3	10.5 ft. X 10.17 ft.	106.79 sq. ft.	1
4	8 ft. X 13 ft.	104 sq. ft.	1
5	7.17 ft. X 13.25 ft.	95 sq. ft.	1
6	13 ft. X 9.75 ft.	126.75 sq. ft.	1
Total			6

The living, dining, and sitting room areas measure a total of 770.96 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. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is wheelchair accessible.

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 and Alzheimer 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: (private pay).

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

The applicant is HOMES Senior Living LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/17/2021. 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 Board of Directors of HOMES Senior Living LLC has submitted documentation appointing Maria- Diane Reboya as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements 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. All staff shall be awake during sleeping hours.

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 Michigan Long Term Care Partnership website (www.miltcpartnership.org), MorphoTrust USA (formerly L-1 Identity Solutions™), 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 their 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 their 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 their 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 their 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 their 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 their 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 their 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.

IV. RECOMMENDATION

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

Shatonla Daniel

02/18/2022

Shatonla Daniel
Licensing Consultant

Date

Approved By:

A. Hunter

02/24/2022

Ardra Hunter
Area Manager

Date