



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 29, 2022

Robert Bernardez
26039 Thomas Street
WARREN, MI 48091

RE: Application #: AF500408263
Advent Residential Care
26039 Thomas Street
Warren, MI 48091

Dear Mr. Bernardez:

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 4 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 blue ink, appearing to read "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500408263
Licensee Name:	Robert Bernardez
Licensee Address:	26039 Thomas Street WARREN, MI 48091
Licensee Telephone #:	(586) 202-5303
Administrator/Licensee Designee:	N/A
Name of Facility:	Advent Residential Care
Facility Address:	26039 Thomas Street Warren, MI 48091
Facility Telephone #:	(586) 202-5303
Application Date:	04/21/2021
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

04/21/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Robert, AFC100 for Lina-May
04/21/2021	On-Line Enrollment
04/22/2021	Contact - Document Sent 1326, RI030, AFC100
04/29/2021	Contact - Document Received 1326, RI030 & AFC100
05/06/2021	PSOR on Address Completed
05/11/2021	Application Incomplete Letter Sent
05/01/2022	Application Complete/On-site Needed
06/14/2022	Inspection Completed On-site
06/14/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Advent Residential Care is a single-story ranch style home located at 26039 Thomas St. Warren MI, 48091. The area of the home that is designated for residents has one double occupancy bedroom, two single occupancy bedrooms, one full bathroom, one half bathroom, a living room, and a kitchen/dining area. The home is located in a suburban area of Warren that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Warren Police Department responds to emergency calls from the home. St. John Macomb Hospital is located a few miles from the home.

The furnace, hot water heater, and laundry room are located in the basement, which is separated from the main floor by a 1³/₄ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside. The home is qualified for admission of residents who use a wheelchair, as it is equipped with ramps.

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 x 13	143	2
2	10.5 x 10	105	1
3	12.2 x 9	109.8	1

Total capacity: 4

The living and sitting room areas measure a total of 481.55 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 four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Advent Residential Care intends to provide 24-hour supervision, protection, and personal care to four male or female residents, whose diagnosis is Alzheimer, aged, or physically handicapped. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Advent Residential Care will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care they need in a family-like setting. Advent Residential Care will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body and spirit. They will provide rehabilitative activities and programs to help residents regain lost function and independence on a short-term basis. The home will also professionally assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. Advent Residential Care will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities. The licensee will make arrangements as needed for a visiting physician, dentist, podiatrist, and home care, including nursing, occupational, physical and speech therapy.

C. Rule/Statutory Violations

The applicant, Bobby Bernardez, identified Lina-May Bernardez as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Bobby Bernardez and Lina-May Bernardez. Bobby Bernardez and Lina-May Bernardez submitted medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Mr. Bernardez indicated that he has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside income.

Mr. Bernardez 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 four residents will be the responsibility of Mr. Bernardez 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

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

Mr. Bernardez 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.

Mr. Bernardez acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mr. Bernardez 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. Bernardez 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, he 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.

Mr. Bernardez 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. Bernardez 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.

Mr. Bernardez 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. Bernardez indicated that it is her intent to achieve and maintain compliance with these requirements.

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

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

Mr. Bernardez 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, Mr. Bernardez 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

Mr. Bernardez 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 family home (capacity 1-4).

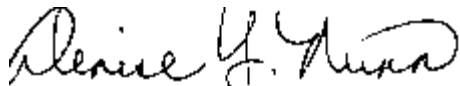


06/28/22

Eric Johnson
Licensing Consultant

Date

Approved By:



06/29/2022

Denise Y. Nunn
Area Manager

Date