



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 29, 2022

John Mos and Simion Pop  
5365 Weston Ct  
Commerce Township, MI 48382

RE: Application #: AS630409905  
**Springwater**  
**5873 Springwater Ln**  
**West Bloomfield, MI 48322**

Dear Mr. Mos and Mr. Pop:

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 cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630409905
<b>Applicant Name:</b>	John Mos AND Simion Pop
<b>Applicant Address:</b>	5365 Weston Ct Commerce Township, MI 48382
<b>Applicant Telephone #:</b>	(888) 255-5426
<b>Licensee Designee:</b>	John Moss and Simion Pop
<b>Administrator:</b>	John Mos
<b>Name of Facility:</b>	Springwater
<b>Facility Address:</b>	5873 Springwater Ln West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(888) 255-5426
<b>Application Date:</b>	08/13/2021
<b>Capacity:</b>	4
<b>Program Type:</b>	Mentally Ill Developmentally Disabled

## II. METHODOLOGY

08/13/2021	Enrollment Online application download failure
08/13/2021	Contact - Document Received 1326 for John & Simion
08/13/2021	Application Incomplete Letter Sent RI030 for John & Simion, AFC100 for John
12/29/2021	Contact - Document Received med clearance for Simion Pop
06/03/2022	PSOR on Address Completed
06/15/2022	Application Incomplete Letter Sent
09/14/2022	Contact - Document Received
09/15/2022	Inspection Completed On-site
09/26/2022	Contact - Document Received Additional documents received
10/04/2022	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Springwater is located at 5873 Springwater Lane, West Bloomfield, MI 48322 and is owned by Amr, Ahmad and Reem Youssef. Proof of ownership and permission to inspect the property is contained in the facility file.

Springwater is a brick ranch style structure with a total of 2160 square feet of living space. The home sits on a spacious lot with a patio at the rear of the home and a two-car attached garage. The home consists of a living room, dining room, kitchen, office space off the living room, 4 bedrooms and three bathrooms. Bedroom #1 and bedroom #4 both contain bathrooms with the third bathroom located in the hallway near the

sleeping area. The home does not contain a basement and is not wheelchair accessible as each means of egress does not contain a ramp.

Springwater is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is heated by a gas forced air furnace that is contained in the garage along with the hot water heater. The home utilizes public water supply and sewage disposal system.

Resident bedrooms were measured at the time of final inspection and were found to be of the following dimensions and accommodation capability:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'0" x 10'0"	100	1
2	14'1" x 11'3"	158	1
3	12'2" x 10'1"	122	1
4	16'3" x 3'10" 6'5" x 7'3"	108	1

**Total capacity: 4**

The indoor living and dining areas measure a total of 461 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) male or female ambulatory adults who are diagnosed with a developmental disability and/or a mental illness. 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. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including public schools and libraries, local museums, shopping

centers, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Administrator Qualifications**

The co-applicants are John Mos and Simion Pop. Mr. Mos will serve as the administrator and Mr. Pop will serve as the licensee designee.

Criminal history background checks of John Mos and Simion Pop were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. Mos and Mr. Pop submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Mos and Mr. Pop have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Mos served as the licensee of a licensed adult foster care family home (AF630361471) for 1 year, 2016-2017. In 2017 he became the licensee designee for two licensed adult foster care small group homes (AS630386851 and AS630387319) and continues to serve in that capacity. Mr. Pop has worked in the human services field since 2000. He currently serves as the Administrator and Executive Director of Infinite Care since and has held that position since 2017. Mr. Pop worked a variety of roles (Quality Management, Quality Assurance Analyst, Corporate Compliance Officer, Privacy and Security Officer as well as a Contract Management) while employed at Easter Seals from 2000-2006. Mr. Pop served as the Chief Operating Officer for Taylor Special Care Services (TSCS) from 2006-2017, Inc. as well as a CARF surveyor. Mr. Pop is competent in nutrition, first aid, cardiopulmonary resuscitation, foster care, as defined in the act, safety and fire prevention, financial and administrative management, the needs of the population to be served, resident rights, and prevention and containment of communicable diseases.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. Mr. Mos and Mr. Pop 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. Mr. Mos and Mr. Pop has indicated that direct care staff will be awake during sleeping hours.

Mr. Mos and Mr. Pop 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.

Mr. Mos and Mr. Pop acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Mos and Mr. Pop 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Mos and Mr. Pop 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 licensees or licensee designee will administer medication to residents. In addition, Mr. Mos and Mr. Pop have 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. Mos and Mr. Pop 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, Mr. Mos and Mr. Pop 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 the retention schedule for those documents contained within each employee's record.

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

Mr. Mos and Mr. Pop acknowledge the responsibility to obtain the required written assessment, 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.

Mr. Mos and Mr. Pop 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.

Mr. Mos and Mr. Pop acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Mos and Mr. Pop 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Mos and Mr. Pop 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. Mr. Mos and Mr. Pop indicated the intent to respect and safeguard these resident rights.

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

Mr. Mos and Mr. Pop 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.

Mr. Mos and Mr. Pop acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of four (4).



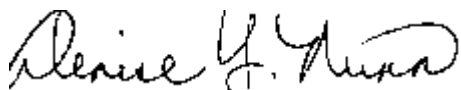
11/29/2022

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Cindy Berry  
Licensing Consultant

Date

Approved By:



11/29/2022

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Denise Y. Nunn  
Area Manager

Date