



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 2, 2023

Ramandeep Bal  
7134 Balsam Court  
Shelby Township, MI 48316

RE: Application #: AS500411650  
**Haven Senior Care**  
**5133 23 Mile Road**  
**Shelby Township, MI 48316**

Dear Ms. Bal:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500411650
<b>Licensee Name:</b>	Ramandeep Bal
<b>Licensee Address:</b>	5133 23 Mile Road Shelby Township, MI 48316
<b>Licensee Telephone #:</b>	(586) 703-4540
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Haven Senior Care
<b>Facility Address:</b>	5133 23 Mile Road Shelby Township, MI 48316
<b>Facility Telephone #:</b>	(586) 703-4540
<b>Application Date:</b>	02/03/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

02/03/2022	On-Line Enrollment
02/09/2022	Contact - Document Sent Forms sent
02/09/2022	PSOR on Address Completed
04/15/2022	Contact - Telephone call received Applicant will not be living at the facility. Will be submitting a corporate app and add'l \$50 to apply as small group.
04/19/2022	Contact - Document Received 1326/RI 030 for Licensee
05/04/2022	Contact - Document Received additional fee Amt: \$50.00 Chk #47054314680 Updated application
05/19/2022	Application Incomplete Letter Sent
10/14/2022	Inspection Completed On-site
02/01/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The small adult foster care home is in a residential area in Shelby Township, Michigan. The home is a brick, single-story structure with a full basement and an attached two car garage. The first floor of the home consists of a living room, dining room, kitchen, sunroom, and laundry room. The sunroom has a hot tub that is permanently sealed and not used. There are three bedrooms and one full bathroom and one-half bathroom.

The backyard of the home is deep, fenced and features a gazebo and a patio. The backyard has an inground empty swimming pool that is not in use and surrounded with a secure fence and locked gate. There are two exits to the home which will be utilized at the front entrance of the home and the side entrance through the attached garage. The side door exit has a door alarm when the door is opened or closed. The backdoor is sealed and not used as an exit. The home is ground level and is wheelchair accessible.

The furnace and hot water heater are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with hardwire smoke detection and is fully operational.

The home is in Utica school district and is surrounded by local shopping areas, and recreational activities.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9 x 13	117	1
2	12 x 11	132	2
3	11 x12.4	136	2

**Total beds: 5**

The living room, dining room, and sunroom, areas measure a total of 700 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **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 **five (5)** male or female ambulatory/non-ambulatory adults whose diagnosis is aged, physically handicapped and Alzheimer's, in the least restrictive environment possible.

The program goals are to enhance self-care, promote personal safety, manage behaviors, and enhance personal fulfillment. Personal care is available in accordance with the resident's special needs and pre-arranged Assessment Plan.

The program plans to internally manage and service adults who cannot manage an entire day without the assistance of others. The program will encourage residents to use their minds and to the extent it is safe, their bodies, in daily activity. The program will provide guidance to establish daily resident routines that are person-centered.

Depending upon the orders of a resident's physician, some residents will be enrolled in an offsite Neurological Cognitive Day Treatment Program in Troy, Michigan. The **Neurological Cognitive Day Program** is an important element for rehabilitation among those who have suffered serious physical and cognitive injury. Recreational activities are available daily. These vary in design and objectives based upon each residents Assessment Plan. The licensee will assist in arranging transportation need for their residents.

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

The applicant, Ramandeep Bal 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 also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for Ramandeep Bal. Ms. Bal submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ramandeep Bal have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Bal completed a Licensed Practical Nursing Degree, has 20+ pre-med credits from Baker College and worked as a Patient Care Technician from 2003-2014 at Beaumont Hospital. Ms. Bal fluently speak, read, write, and understand English, Punjabi, and Hindi

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff to five residents per shift. All staff shall be awake during sleeping hours.

Ms. Bal 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 one to five resident ratio.

Ms. Bal 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Ms. Bal 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, Ms. Bal 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.

Ms. Bal 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, Ms. Bal acknowledges their responsibility to maintain a current employee record on file in the home for the licensee and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

Ms. Bal 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. Ms. Bal 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.

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

Ms. Bal acknowledges their responsibility to obtain all 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, Ms. Bal 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.

Ms. Bal 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**

Ms. Bal 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 with a capacity of 1-5.

*L. Reed*

02/01/2023

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

02/02/2023

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Denise Y. Nunn  
Area Manager

Date