

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 15, 2023

Nino Cugtas Golden Pines On Herbmoor LLC 888 W. Big Beaver Rd. Suite 200 Troy, MI 48084

> RE: Application #: AS630411684 Golden Pines On Herbmoor 6131 Herbmoor Troy, MI 48098

Dear Mr. Cugtas:

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,

Kisten Donna

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. 9-100 Detroit, MI 48202 (248) 296-2783

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AS630411684		
Applicant Name:	Golden Pines On Herbmoor LLC		
Applicant Address:	888 W. Big Beaver Rd.		
	Suite 200		
	Troy, MI 48084		
Applicant Telephone #:	(248) 687-4682		
Licensee Designee/Administrator:	Nino Cugtas		
Name of Facility:	Golden Pines On Herbmoor		
Facility Address:	6131 Herbmoor		
	Troy, MI 48098		
Facility Telephone #:	(248) 879-0846		
Application Date:	02/03/2022		
Capacity:	6		
Program Type:	PHYSICALLY HANDICAPPED		
	AGED		
	ALZHEIMERS		

# II. METHODOLOGY

02/03/2022	Enrollment	
02/09/2022	Application Incomplete Letter Sent AFC 100, 1326a	
02/09/2022	Contact - Document Sent Sent app incomplete letter via email	
02/28/2022	Contact - Document Received 1326, AFC-100	
03/07/2022	Application Incomplete Letter Sent	
03/11/2022	Contact - Document Received Program statement, proof of ownership, permission to inspect, policies and procedures	
03/11/2022	Contact - Document Received Physical for licensee designee dated 03/08/22, TB dated 10/31/19	
04/15/2022	Contact - Document Received Updated referral contract	
05/23/2022	Inspection Completed On-site	
12/28/2022	Contact - Telephone call made Left message for licensee designee	
01/25/2023	Contact - Telephone call made Left message and emailed licensee designee	
03/13/2023	Contact - Telephone call made Left message and texted licensee designee	
04/10/2023	Contact - Telephone call made Left message for licensee designee	
04/14/2023	Contact - Telephone call made Left message for licensee designee- calls have not been returned	
04/18/2023	Contact - Document Sent 10 Day continued interest letter	

04/28/2023	Contact - Telephone call received Call from licensee designee
05/04/2023	Inspection Completed On-site
05/04/2023	Contact - Document Received Updated physical, TB test, and furnace inspection
05/04/2023	Inspection Completed-BCAL Full Compliance
05/04/2023	Application Complete

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

## A. Physical Description of Facility

Golden Pines On Herbmoor is located in a residential area at 6131 Herbmoor, in Troy, MI 48098. The home is a ranch style home with an attached two car garage. The home has two single occupancy bedrooms, two double occupancy bedrooms, one full bathroom, a kitchen, living room, dining room, sunroom, and a laundry room. There is an additional full bathroom with a shower located in bedroom #4.

Golden Pines On Herbmoor is located five miles away from Beaumont Hospital-Troy, which includes a 24/7 emergency department. The facility is a short distance from many restaurants, recreational facilities, shopping centers, medical facilities, and places of worship. The Troy Police Department responds to emergency calls from the home.

The furnace is located in the attic of the home. The applicant provided a copy of a furnace inspection which was completed by a licensed contractor, showing that the furnace is in good working condition. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is qualified for admission of residents who use a wheelchair, as it is equipped with ramps at both means of egress.

Bedroom #	Room Dimensions	Total Square	Total Resident
		Footage	Beds
1	16.3 x 15.7	255.9	2
2	15.2 x 11.7 (- 6.7 x 1.5)	167.8	2
3	10 x 9.6	96	1
4	14 x 9.9 (+ 7.8 x 5.2)	179.2	1
Total capacity: 6			

Resident bedrooms were measured and have the following dimensions:

The living room, dining room, and sunroom areas offer over 1100 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate six 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 Golden Pines On Herbmoor were reviewed and accepted as written. Golden Pines On Herbmoor will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. Golden Pines On Herbmoor will provide long term care to the aged population, including individuals with Alzheimer's disease, or other related dementias, and/or individuals with physical impairments.

Golden Pines On Herbmoor will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Golden Pines On Herbmoor will provide memory care services for those who suffer from dementia or Alzheimer's disease and all staff will be trained in dementia care. The philosophy of Golden Pines On Herbmoor is to practice person-centered care while striving to create an environment that honors each individual's life history, supports their strengths, and maintains their dignity. Golden Pines On Herbmoor will provide care, support, and activities that value and encourage independence. They will offer residents of the facility an opportunity to make choices based on their abilities. Golden Pines On Herbmoor will engage the residents in activities and will promote social awareness and self-confidence by encouraging the residents to participate in recreational services, in-home activities, and planned local outings. Golden Pines On Herbmoor will offer additional in-home services that are available through community resources such as visiting physicians,

visiting nurses, physical and occupational therapy, speech therapy, and hair care services.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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. Staff will not sleep while on shift.

## C. Applicant and Administrator Qualifications

The applicant is Golden Pines Senior Living LLC which is a "Domestic Limited Liability Company", established in Michigan on 10/28/2019. The applicant provided financial statements and an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Golden Pines Senior Living LLC appointed Nino Cugtas as the licensee designee and administrator of the facility. Mr. Cugtas has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee/administrator, Nino Cugtas, has a bachelor's degree in chemical engineering. Mr. Cugtas has worked at this facility under the previous licensee for over five years as the operations manager. He has experience with the aged population, including individuals with physical handicaps and Alzheimer's disease or dementia. Mr. Cugtas provides direct support to residents, staff, management, and family members. He has experience managing the day-to-day operations of the facility, including staff scheduling, planning and preparing meals, maintaining the budget, providing direct care and supervision, administering medications, and ensuring the facility is clean and safe. Mr. Cugtas has been the licensee designee of Golden Pines Senior Living (AS630407125) since June 2021, which is a small adult foster care facility licensed for the aged, physically handicapped, and Alzheimer's populations.

A licensing record clearance request was completed for Mr. Cugtas. Mr. Cugtas submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

Mr. Cugtas 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. Cugtas acknowledged an understanding of the responsibility to assess the good moral character of employees and 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 (<u>www.miltcpartnership.org</u>) and the related documents required to demonstrate compliance.

Mr. Cugtas acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who 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.

Mr. Cugtas 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. Cugtas acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Mr. Cugtas 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. Cugtas 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.

Mr. Cugtas 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. Cugtas acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Cugtas acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Golden Pines Senior Living LLC.

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

Mr. Cugtas 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. Cugtas 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**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that the home was previously licensed as Garden of Hope Senior Living (AS630369907). At the time of licensure, there were four residents in care.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Golden Pines On Herbmoor, with a capacity of six (6) residents.

Kisten Donna

05/09/2023

Kristen Donnay Licensing Consultant Date

Approved By:

Denie 4. Mun

05/15/2023

Denise Y. Nunn Area Manager

Date