



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 18, 2024

Wendy Briggs
Angelic Homes For The Elderly L.L.C.
25014 Trombley St
Harrison Twp, MI 48045

RE: Application #: AS500417358
Angelic Homes
25014 Trombley St
Harrison Twp, MI 48045

Dear Ms. Briggs:

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500417358
Licensee Name:	Angelic Homes For The Elderly L.L.C.
Licensee Address:	25014 Trombley St Harrison Twp, MI 48045
Licensee Telephone #:	(586) 477-0028
Administrator/Licensee Designee:	Wendy Briggs
Name of Facility:	Angelic Homes
Facility Address:	25014 Trombley St Harrison Twp, MI 48045
Facility Telephone #:	(586) 477-0028
Application Date:	08/08/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

08/08/2023	On-Line Enrollment
08/16/2023	PSOR on Address Completed
08/16/2023	Contact - Document Sent forms sent
09/21/2023	Contact - Document Received 1326/ri030/afc100
09/25/2023	Application Incomplete Letter Sent
09/25/2023	Contact - Document Received Email from Wendy Briggs
10/17/2023	Contact - Document Received Email from Wendy Briggs re: training
10/18/2023	Contact - Document Sent Email to Wendy Briggs
11/03/2023	Contact - Document Received Emails from Wendy Briggs with licensing documents
11/06/2023	Contact - Document Sent Email to Wendy Briggs
11/17/2023	Contact - Document Sent Email to and from Wendy Briggs
11/20/2023	Inspection Completed On-site
11/20/2023	Application Complete/On-site Needed
12/01/2023	Contact - Document Received Email from Wendy Briggs
12/28/2023	Contact - Document Received Emails from Wendy Briggs
01/02/2024	Contact - Document Sent Email to and from Wendy Briggs
01/05/2024	Contact - Document Received Received licensing documents from Wendy Briggs

01/12/2024	Contact- Document Received Email from Wendy Briggs. Sent return email.
01/15/2024	Contact- Document Received Email from Wendy Briggs with updated refund policy

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The 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 license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1974.

A. Physical Description of Facility

Angelic Homes is an adult foster care small group home located in Harrison Township, MI. The licensee is Angelic Homes For The Elderly L.L.C. Wendy Briggs will act as the licensee designee and administrator. The home is owned by Angelic Homes For The Elderly L.L.C. The home has city water and sewer.

Angelic Homes has a capacity of six residents. The home has three bedrooms, kitchen, dining area, great room, day room, laundry room, office and two and a half bathrooms. The furnace is located in the garage and has a self-closing door. The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. The great room, day room and dining room offer a total of 756 square feet of living space which meets the required 35 square feet of living space for six residents.

The three bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" x 11'5"	156	2
2	10'11" x 13'	141	2
3	17'1" x 13'11"	237	2

Total capacity: 6

The bedrooms have adequate space, bedding, storage and a window that opens in case of emergency. All of the bedrooms have a chair and a mirror. The refrigerators and freezers are equipped with thermometers. A furnace inspection was completed by Dan Slanec Heating & Cooling on 10/27/2023. The home has a hard-wired smoke detection system with battery backup. There are fire extinguishers located on the first floor. The home has two means of egress with ramps. The home has a locked medication cabinet. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

B. Program Description

Angelic Homes will provide adult foster care for aged and physically handicapped residents. The home will provide care, protection and supervision, 24 hours per day, 7 days a week in a home like setting, for long term residents. The home will strive to treat residents like family in a clean and safe, non- smoking environment. The home is wheelchair accessible. The home will provide personal care that includes assistance with daily grooming, bathing, dressing, toileting, medications, linens, laundry and cleaning assistance. The home can also run errands for resident needs. The home will offer activities such as exercise as determined by assessment plans, social activities, art, games, movies, television, and music. The home will offer fresh, healthy meals that accommodate residents' dietary needs.

Wendy Briggs will act as the licensee designee and administrator for the home. Ms. Briggs has been fingerprinted. She had a medical clearance completed on 08/14/2023 and has no physical/mental condition or health problems that would limit her ability to work with or around dependent adults. Ms. Briggs had a negative TB test on 08/14/2023. Ms. Briggs provided a copy of her high school diploma from Hazel Park High School. Ms. Briggs provided a letter indicating she is an active employee with Pro Care Unlimited since 12/14/2020. Pro Care Unlimited is a home health agency that provides community living services/respice care and personal care services to members. She also provided a letter indicating she is employed at the Village Club since September 2007 on an as needed basis where she assists elderly members. Ms. Briggs has also provided private care for individuals in her home and letters of recommendation were provided.

Wendy Briggs 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.

Ms. Briggs has acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Briggs acknowledged 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 designee can administer medication to residents. In addition, Ms. Briggs acknowledged that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Briggs acknowledged her responsibility to obtain all required 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, Ms. Briggs acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Briggs 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.

Ms. Briggs acknowledged her 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. Ms. Briggs will update and complete those forms and obtain new signatures for each resident on an annual basis.

Ms. Briggs acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Ms. Briggs acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. 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 of the resident's personal money transactions that have been agreed to be managed by the licensee designee.

Ms. Briggs acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights.

Ms. Briggs acknowledged 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. Briggs acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Briggs acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Ms. Briggs acknowledged she has a copy of the licensing rules for adult foster care small group homes.

C. 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 that the department issue a temporary license to this adult foster care small group home, Angelic Homes, with a capacity of six (6) residents.

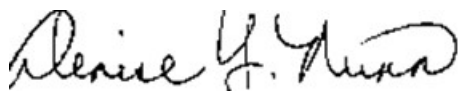


01/18/2024

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



01/18/2024

Denise Y. Nunn
Area Manager

Date