



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2024

Imelda Soan
Utica Senior Place
4882 Omena Ct
Sterling Heights, MI 48314

RE: Application #: AS500418554
Utica Senior Place
45514 Engel Dr
Utica, MI 48317

Dear Ms. Imelda Soan:

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

License #:	AS500418554
Licensee Name:	Utica Senior Place
Licensee Address:	4882 Omena Ct Sterling Heights, MI 48314
Licensee Telephone #:	(586) 202-9912
Administrator/Licensee Designee:	Imelda Soan
Name of Facility:	Utica Senior Place
Facility Address:	45514 Engel Dr Utica, MI 48317
Facility Telephone #:	(586) 202-9912
Application Date:	06/05/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

06/05/2024	On-Line Enrollment
06/06/2024	PSOR on Address Completed
06/07/2024	Contact - Document Sent Forms sent
07/16/2024	Contact - Document Received IRS letter
07/18/2024	Contact - Document Received 1326/RI-030
08/23/2024	Application Incomplete Letter Sent
08/23/2024	Application Complete/On-site Needed
10/02/2024	Inspection Completed On-site
10/02/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is in the City of Utica and is a single-family home. The home is a one-story stone-built home and features a family room, living room, dining area and kitchen. It contains five bedrooms and two bathrooms. The home has a rear deck and an attached garage. The home has first floor laundry. The home is wheelchair accessible.

The area is serviced by numerous health care providers and easily accessed shopping, recreational, educational, religious, and transportation resources. The home is in the Utica School district. The home is heated by a natural gas, and it uses public water and sewage. The gas furnace and gas hot water heater are in the garage of the home. The home is built on a crawl and there is no basement. There is an interconnected smoke detector system powered by the facility's electrical system with battery backup. Fire extinguishers are installed on the first-floor home. The home's electrical and heating systems have been inspected by qualified inspection services and determined to be in good operating condition, compliant with local codes and ordinances.

A warranty deed was received, and the home is owned by ISFP Properties LLC and a right to occupy and inspect letter was received from the owners.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17 x 11.7	196.92	2
2	9.9 x 11.7	112.94	1
3	11.8 x 10.3	119.58	1
4	9.5 x 11.2	105.15	1
5	10.3 x 9.7	98.23	1

Total Beds: 6

The living, family room and dining room areas measure a total of 664.71 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 six (6) 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 **six** (6) male or female ambulatory or non-ambulatory adults whose diagnosis is physically handicapped, aged and Alzheimer's or mentally impaired, in the least restrictive environment possible.

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

Utica Senior Place is being established to provide adult foster care services to adults 50 years to 99 years of age or older of either gender who need adult foster care due to being aged, physically handicapped and/or with a diagnosis of Alzheimer's. The special program statement for facilities providing care to individuals diagnosed with Alzheimer's has been submitted, reviewed, and approved as were the general program statement, admission policy, discharge policy, personnel policies, and refund agreement.

Utica Senior Place will provide personal care services which includes feeding, toileting, bathing, grooming, dressing, transferring and assistance, as well as management of administration of medication. Recreational activities encourage socialization and stimulation to the senses are incorporated on a regular basis. Staff will be trained.

As part of the application process the licensee submitted admission, discharge policies for Utica Senior Place. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room uses and size specifications, and current financial documents. As part of the licensing process, the licensee presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

C. Applicant and Administrator Qualifications

Utica Senior Place LLC was established on 05/31/2024. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator Imelda Soan. The licensee designee/administrator Imelda Soan submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator Imelda Soan has a Bachelor of Science in Nursing, Associate Degree in Nursing and Bachelor of Science in Commerce with a major in management. Imelda Soan currently works as a Registered Nurse. Ms. Soan has held various positions such as, a Home Care Nurse and Registered Nurse since 2005. Imelda Soan is licensed as a Registered Nurse through the State of Michigan. Ms. Soan has submitted verifications of several trainings including continuing professional education credits for Registered Nurses.

The licensee designee/administrator Imelda Soan have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee/administrator Imelda Soan 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 –to- resident ratio.

The licensee designee/administrator Imelda Soan 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee/administrator Imelda Soan 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, the licensee designee/administrator Imelda Soan 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.

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

The licensee designee/administrator Imelda Soan acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee designee/administrator Imelda Soan indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee/administrator Imelda Soan 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. The licensee designee/administrator Imelda Soan 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.

The licensee designee/administrator Imelda Soan acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee/administrator Imelda Soan acknowledges their responsibility to obtain all of 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, the licensee designee/administrator Imelda Soan 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.

The licensee designee/administrator Imelda Soan 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

The licensee designee/administrator Imelda Soan 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 (capacity 1-6).

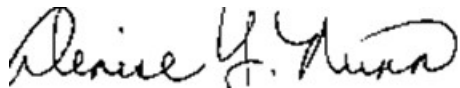


10/07/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:



10/16/2024

Denise Y. Nunn
Area Manager

Date