



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 23, 2025

Laura Ardelean
Ardelean Home
234 Belhaven
Troy, MI 48085

RE: Application #: AS630418774
Ardel Homes
234 Belhaven
Troy, MI 48085

Dear Ms. Ardelean:

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418774
Licensee Name:	Ardelean Home
Licensee Address:	234 Belhaven Troy, MI 48085
Licensee Telephone #:	(248) 930-3492
Administrator/Licensee Designee:	Laura Ardelean
Name of Facility:	Ardel Homes
Facility Address:	234 Belhaven Troy, MI 48085
Facility Telephone #:	(248) 930-3492
Application Date:	08/28/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/28/2024	On-Line Enrollment
08/29/2024	PSOR on Address Completed
08/29/2024	Contact - Document Sent Forms sent.
10/04/2024	Contact - Document Received 1326/RI030, AFC 100.
10/07/2024	Application Incomplete Letter Sent
10/10/2024	Contact - Document Received Facility documentation received: admission policy.
10/17/2024	Contact - Document Received Facility documentation received: copy of the warranty deed for property and permission to inspect.
11/16/2024	Contact - Document Received Facility documentation received: program statement.
11/18/2024	Contact - Document Received Facility documentation received: licensee designee trainings, bachelor's degree, job descriptions and policy and procedures.
11/21/2024	Contact - Document Received Facility documentation received: medical clearance form.
11/25/2024	Contact - Document Received Facility documentation received: licensee designee training certificates.
11/29/2024	Contact - Document Received Facility documentation received: copy of floor plans.
11/30/2024	Contact - Document Received Facility documentation received: proposed monthly budge.
11/30/2024	Contact - Document Received Facility documentation received: job descriptions, policies and procedures and staffing pattern.
12/01/2024	Contact - Document Received Facility documentation received: proof of designated person, licensee designee resume and organizational chart.

01/07/2025	Application Complete/On-site Needed
01/07/2025	Inspection Completed On-site
01/08/2025	PSOR on Address Completed No hits.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch located in Troy, Michigan. The home has six bedrooms, a powder room, a full bathroom located in the hallway, and a full bathroom attached to bedroom # 6. The house has a kitchen, living room/ dining room, a bonus breakfast nook, and a staff office. The house does not have a basement or a garage. The home is wheelchair accessible, and it is equipped with wheelchair accessible ramps at two means of egress.

This facility utilizes public water and sewage. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup and is fully operational. All the exterior doors are equipped with alarms to ensure resident safety.

The bedrooms and bathroom doors are equipped with positive latching, non-locking against egress hardware. All the bedrooms have adequate space, bedding, and storage. All 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.

Resident bedrooms were measured during the on-site inspection and have the following dimensions. Note - Bedroom # 6 has an attached full bathroom.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'.9" x 10'.5"	124.95	1
2	11'.8" x 11'.8"	139.24	1
3	11' x 21'.4"	235.4	1
4	11' x 11'	121	1
5	11' x 14'	154	1
6	10'.7" x 10'.4"	111.28	1

Total capacity: 6

The living room and dining room area measure a total of 557.81 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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

Ardele Homes will provide services to individuals who are aged, physically handicapped, any person male or female that needs assistance in living that may or may not have Alzheimer's, Dementia, Need Memory Care, Non Ambulatory as well as Ambulatory, Traumatic Brain Injury (TBI) and Spinal Cord Injury Clients: Adults (18+) that have a Traumatic Brain Injury resulting from an auto accident; Adults (18+) that have a spinal cord injury or other catastrophic injury resulting from an automobile accident. Personal services will include dressing assistance, bathing assistance, hair care assistance, teeth and denture care, incontinence care, toileting, and laundry. 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. The facility will make provision for a variety of daily leisure activities such as bingo, checkers and other board games, card games, exercises and spending some time outdoors if weather permits.

This facility is located 5 miles away from Corewell Health Beaumont Troy Hospital which has a 24/7 emergency department.

C. Applicant and Administrator Qualifications

The applicant is Ardelean Home LLC which is a Domestic Limited Liability Company established in Michigan, on 08/22/2024. Ardelean Home LLC 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.

Ardelean Home LLC appointed Laura Ardelean as licensee designee and administrator of the facility. A licensing record clearance request was completed with no LEIN convictions recorded for licensee, Laura Ardelean. Ms. Ardelean submitted a medical clearance request with statements from a physician documenting her good health and TB negative results.

The licensee designee, Ms. Ardelean provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ardelean is also the licensee designee and owner of Butternut Hill Senior Living North (AS630394899), which has been licensed since 2019, and Butternut Hill Senior Living (AS630360654), which has been licensed since 2015. For over a decade, Ms. Ardelean has worked as a caregiver at both locations providing services to adults with Alzheimer's, Dementia, and TBI's in a small group home setting.

The staffing pattern for the original license of this six-bed facility is adequate and Ms. Ardelean includes a minimum of one staff –to- six residents per shift. The applicant,

Ms. Ardelean acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Ardelean acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Ardelean acknowledges 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. Ardelean 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Ardelean 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. Ardelean 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. Ardelean acknowledges her 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, the applicant acknowledges their 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.

Ms. Ardelean acknowledges 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. Ardelean acknowledges her 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.

Ms. Ardelean acknowledges her 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.

Ms. Ardelean acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Ardelean 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 applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Ardelean 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 applicant 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. Ardelean acknowledges her 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

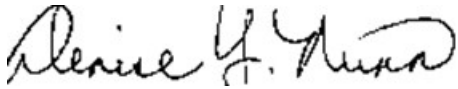


01/08/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



01/23/2025

Denise Y. Nunn
Area Manager

Date