



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 18, 2025

Olga Kourdioukova  
Arcadia Living  
6151 St. James Dr.  
West Bloomfield, MI 48322

RE: Application #: AS630418408  
Arcadia Living  
6151 St. James Dr.  
West Bloomfield, MI 48322

Dear Olga Kourdioukova:

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 "Kristen Donnay".

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**

<b>License #:</b>	AS630418408
<b>Licensee Name:</b>	Arcadia Living
<b>Licensee Address:</b>	6151 St. James Dr. West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 217-4473
<b>Licensee Designee:</b>	Olga Kourdioukova
<b>Administrator:</b>	Kristina Kurlyandchik
<b>Name of Facility:</b>	Arcadia Living
<b>Facility Address:</b>	6151 St. James Dr. West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(248) 885-3758
<b>Application Date:</b>	04/17/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

04/17/2024	On-Line Enrollment
04/23/2024	PSOR on Address Completed
04/23/2024	Contact - Document Sent forms sent
06/05/2024	Contact - Document Received afc100 & IRS Ltr
06/18/2024	Application Incomplete Letter Sent
07/31/2024	Contact - Document Received Program statement, policies, proof of ownership
08/28/2024	Application Incomplete Letter Sent Need updated medical clearances, permission to inspect, smoke detector inspection
09/25/2024	Contact - Document Received Policies, evacuation plan, permission to inspect, training verification, medical clearances
11/25/2024	Inspection Completed On-site
11/25/2024	Inspection Completed-BCAL Sub. Compliance
11/27/2024	Confirming letter sent
03/11/2025	Inspection Completed-BCAL Full Compliance
03/11/2025	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

Arcadia Living is located in a residential area at 6151 St. James Dr., West Bloomfield, MI 48322. The home is a single story, ranch style home with an attached garage. The

first floor of the home consists of a living room, dining room, kitchen, six bedrooms, and two bathrooms. There is an additional ensuite bathroom in bedroom #1.

Arcadia Living is located within five miles of Henry Ford Hospital West Bloomfield Hospital, which includes a 24/7 emergency department. The West Bloomfield police department will respond to emergency calls from the home. There are several places of worship, local shopping centers, and dining options located in the community for convenient day trips with family members.

The hot water heater is located in a utility closet off of the kitchen, which is equipped with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The furnace is located in a crawl space that is accessed through a solid wood door in the floor of the kitchen. An inspection report was provided for the furnace and hot water heater, showing they are in good working condition. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, 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. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer, and it was between 105-120° F. 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, which are equipped with a ramp or lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for admission of residents who use a wheelchair.

Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 x 10.8	162	1
2	12.2 x 10	122	1
3	12.2 x 8.8	107.4	1
4	12.7 x 9.4	119.4	1
5	12.9 x 8.6	110.9	1
6	12.9 x 8.6	110.9	1

**Total capacity: 6**

The living room area offers over 240 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

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 Arcadia Living were reviewed and accepted as written. Arcadia Living will provide supervised services twenty-four hours per day, seven days a week in the least restrictive environment for aged male and female residents over the age of 55 with physical disabilities, dementia, and/or Alzheimer's disease. The goal of Arcadia Living is to maximize the residents' cognitive, affective, physical health, and psychomotor skills in order to help them obtain their highest possible level of functioning. This will be accomplished through attitudes of hopefulness, a structured yet warm environment, individual treatment plans with realistic goals, and opportunities for group living and social interaction.

Arcadia Living will help and assist residents with Alzheimer's disease to improve the quality of their life by providing a safe, clean, and nurturing environment with trained direct care staff. Upon admission, the care team will conduct a thorough assessment based on the following topics: biography, communication, mobility, toileting, eating patterns, orientation, cognitive function, likes and dislikes, and any hobbies and interests. Each resident with Alzheimer's or a related condition will have an individual care plan to assist direct care workers in understanding each resident's needs and abilities. Direct care staff will provide daily activities to residents with Alzheimer's or related conditions including but not limited to baking or cooking together, completing chores, arts and crafts, reading books or newspapers, playing music and singing songs, gardening, and working on puzzles.

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 to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

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

The applicant is Arcadia Living, LLC which is a "Domestic Limited Liability Company" established in Michigan on 06/01/2018. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Arcadia Living, LLC has appointed Olga Kourdioukova as the licensee designee and Kristina Kurlyandchik as the administrator of the facility.

Licensing record clearance requests were completed for Ms. Kourdioukova and Ms. Kurlyandchik. Ms. Kourdioukova and Ms. Kurlyandchik submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Kourdioukova and Ms. Kurlyandchik meet the qualifications and training requirements identified in the administrative group home rules. Ms. Kourdioukova and Ms. Kurlyandchik have over 20 years of experience managing and operating a home care company and working with the elderly and Alzheimer's populations. They have extensive knowledge of the needs of the elderly population. They have provided direct care to this population and have managed client and caregiver relations. They have also directed recruitment, training and staff development to maximize productivity for their home care company. Ms. Kourdioukova and Ms. Kurlyandchik were previously approved and are currently acting as the licensee designee and administrator for the licensed adult foster care small group home, Balmoral Living (AS630393547) since 2019.

Ms. Kourdioukova 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. Kourdioukova 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 ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Kourdioukova 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, Ms. Kourdioukova 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. Kourdioukova 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, Ms. Kourdioukova 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.

Ms. Kourdioukova acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Kourdioukova 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.

Ms. Kourdioukova 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.

Ms. Kourdioukova acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Kourdioukova 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 Arcadia Living, LLC.

Ms. Kourdioukova 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.

Ms. Kourdioukova 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.

Ms. Kourdioukova 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.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care facility, Arcadia Living, with a capacity of six residents.



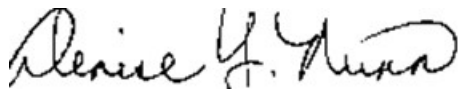
03/12/2025

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



03/18/2025

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Denise Y. Nunn  
Area Manager

Date