

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING



January 29, 2007

Morea, Lidia and Morea, Liviu-loan 1354 Lamb Dr. Troy, MI 48085

RE: Application #: AF630285293

The House of Hope 1354 Lamb Dr. Troy, MI 48085

Dear Morea, Lidia and Morea, Liviu-loan:

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 4 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5051.

Sincerely,

John Pochas, Licensing Consultant Office of Children and Adult Licensing

of P. Pochos

Suite 358

41000 Woodward

Bloomfield Hills, MI 48304

(248) 975-5085

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AF630285293

Applicant Name: Morea, Lidia and Morea, Flavia-Ligia

Applicant Address: 1354 Lamb Dr.

Troy, MI 48085

Applicant Telephone #: (248) 524-1734

Administrator/Licensee Designee: N/A

Name of Facility: The House of Hope

Facility Address: 1354 Lamb Dr.

Troy, MI 48085

Facility Telephone #: (248) 524-1734

08/08/2006

Application Date:

Capacity: 4

Program Type: AGED

II. METHODOLOGY

08/08/2006	Enrollment
08/14/2006	Comment File received
08/17/2006	Application Incomplete Letter Sent
10/03/2006	Inspection Completed On-site
10/03/2006	Inspection Completed-BFS Sub. Compliance
01/19/2007	Corrective Action Plan Received
01/19/2007	Corrective Action Plan Approved
01/19/2007	Inspection Completed-BFS Full Compliance Final
01/29/2007	Recommend License Issuance
01/29/2007	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 8/14/06, the department received a license application from Lidia and Flavia Morea, to operate an Adult Foster Care Family Home at the above referenced address, in Troy, Michigan. The applicant is seeking to operate a program of care and services for up to four (4) ambulatory male and female elderly adults. Mrs.Lidia and Ms. Flavia Morea hold no other licenses, nor do they have other pending applications to operate adult foster care facilities in the State of Michigan.

The following is a report of findings of the pre-licensing evaluation for Flora Manor Home. This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the administrative rules governing operation of Adult Foster Care Family Homes, with an approved capacity of one to six residents, licensed or proposed after March 27, 1980. This evaluation consisted of:

- 1. Fire safety evaluation and approval, by the assigned consultant on 10/3/06 and 1/19/07.
- 2. On-site inspections by the assigned consultant on 10/3/06 and 1/19/07.
- 3. Review of all application materials submitted.
- Review of environmental sanitation requirements by the assigned consultant. It
 is noted that Flora Manor is connected to a public water supply and public
 sewage disposal system.

A. Physical Description of Facility

The House of Hope is modern colonial style brick sided home located in Troy, Michigan just north of Wattles Road and east of Rochester Road. The total home capacity measures approximately 3000 square feet.

The interior of the home is newer construction, nicely decorated with hardwood and ceramic/marble flooring throughout and well maintained. The home consists of a spacious great room, dining room, breakfast nook and kitchen areas. Two resident bedrooms are located on the first floor to the east of the main entrance.

The home has a gas forced air furnace located in the basement. Floor separation is provided by the installation of a fire rated metal door located in an enclosed furnace room. The heating plant was recently inspected within the last year.

Rule 27 (1) A licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen, and sleeping areas.

At the preliminary inspection, indoor living areas were measured and found to be of the following dimensions:

ROOM	DIMENSION	AREA OF SQUARE FT	
Great Room	21'8" X 19'	414	
Dining Room	17' X 13'6"	231	
Kitchen	17'X 13'6"	231	
Breakfast Nook	10'5" X 12'	126	

Based upon the above information and the proposed accommodation of seven (7) occupants (licensee, spouse, daughter and four (4) residents, the home would afford 77 square feet of indoor living area per occupant. The house is, therefore determined to be in compliance with the requirements of Rule 27 (1).

Rule 32 (1) As used in this rule "usable floor space" means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.

Rule 32 (2) A bedroom shall have not less than 65 square feet of usable floor space per bed.

Bedroom areas were measured at the time of preliminary inspection and were found to be of the following dimension, and accommodation capacity:

ROOM/LOCATION	DIMENSION	SQ. FT.	CAPACITY
Bedroom # 1	12'X 11'1"	133	2
Bedroom # 2	11'2"X 11' (+3x2.5)	130	2
Bedroom #3 (licensee)	17'3" X 13'	225	
Bedroom # 4(daughter)	17'3" X 13'	225	
	Total	Capacity	4

Based upon the above information, it is concluded that this facility has the square footage necessary to accommodate four residents, as requested in the application.

At the time of final inspection, the facility was found to be in substantial compliance with departmental requirements relating to physical plant.

Rule 27 (1) A licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchen, and sleeping areas.

At the final inspection it was noted that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Environmental Sanitation

The House of Hope utilizes a public water supply and public sewage disposal system. At the time of final inspection, kitchen and bathroom areas were noted to be clean and well maintained. The bathrooms were also noted to be equipped with non-skid surfacing and handrails. Poisonous and caustic materials will be stored in areas not used by the resident, nor used for food preparation or storage.

The kitchen waste receptacle was also noted to be equipped with a close fitting cover. All garbage and rubbish will be kept in leak-proof, nonabsorbent containers, and will be removed from the facility at least weekly and more often if necessary. Mrs. Morea has also indicated that there are presently no problems with the home's plumbing system.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to sanitation.

Fire Safety

At the time of final inspection, the home was found to be equipped with all required smoke detection units and one five-pound multi-purpose fire extinguisher. All interior finish materials are at least a Class C standard.

An evacuation plan and written procedures to be followed in case of fire, medical and severe emergency was also posted as required. Required emergency phone numbers were also observed posted immediately adjacent to the telephone. Mrs. and Ms. Morea indicated it is their intent to conduct a minimum of four fire drills per year, with two of the required drills being conducted during sleeping hours. A record of fire drills conducted will be kept in the home. The facility will not accommodate a resident who regularly requires the use of a wheelchair, as the home is not of barrier free design.

At the time of final inspection, the home was found to be in compliance with all departmental requirements relating to fire safety.

B. Program Description

1. Administrative structure and staff capabilities

At the time of final inspection, it remains Ms. and Mrs. Morea's intent to assure primary responsibility for the provision of adult foster care and the maintenance of all facility records.

Medical Records Clearance documents submitted for Mrs. Lidea Morea and spouse, Liviu-loan Morea, and daughter, Flavia-Ligia, indicate that they are in good physical and mental health, and that the licensee has no limitations for work with or around adult foster care residents. Negative tuberculin test results have also been submitted for the Morea's. Mrs. Morea has identified Liviu-loan, as a responsible person, in the event Mrs. or Ms. Morea will be away from the home for longer than 48 hours. Medical and Record Clearance documents have been submitted which indicate that Mr. Morea is in good health and moral character to work with adult foster care residents.

Good Moral Character of Mrs. Lidea Morea and her daughter, Flavia have been verified by the processing of BR S 1326, Record Clearance Request form.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to administrative structure and staff capabilities.

At final inspection, the facility was determined to be in compliance with departmental requirements relating to programming.

2. Admission/Discharge Policy

Mrs. Morea indicated their intent to use the terms identified in the Resident Care Agreement (BRS 3266). The parameters of admission/discharge were discussed with the licensee. Emergency discharge was also discussed. Individuals interested in placement into The House of Hope should contact Mrs. or Ms. Morea at the home phone number- 248.524.1734.

The facility will provide adult foster care for up to four ambulatory elderly male and female adults. The fee policy statement included in the departments Resident Care Agreement form (BRS 3266) will be used at the home and indicates that the basic rate for care will be determined at the time of admission. Additional costs for any additional services required by the individual resident will be specified.

At final inspection, the home was determined to be in compliance with departmental requirement relating to admission and discharge.

Record Keeping

At the preliminary and final inspections, departmental requirements relating to resident rights, accident and incident reports, medications, resident identifying information, assessment plans, resident care agreements, and funds and valuables records, medical contact logs, resident physicals and weight records were discussed with Mrs. and Ms. Morea and they have indicated that it is their intent to assure compliance with these requirements. A copy of these forms was given to Mrs. Morea.

Resident Rights

At the preliminary and final inspections, departmental requirements relating to resident rights, complaint and grievance procedures, incident and accident reports and medications were explained to Mrs. and Ms. Morea and they have indicated their intent to assure compliance with these requirements. At the time of final inspection, the home was determined to be in compliance with departmental requirements relating to resident rights and care.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-4).

John Pochas Date

Licensing Consultant

Approved By:

01/30/2007

Date

Barbara Smalley

Area Manager