



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 10, 2008

Estera Niculcea
6250 N. Maple Rd.
Saline, MI 48176

RE: Application #: AS810297250
Ester Guest Home LLC
6280 N. Maple Rd.
Saline, MI 48176

Dear Ms. Niculcea:

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 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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

cc: Adult Services, Washtenaw Co. DHS
Ken Antkowiak, C.S.T.S.

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS810297250

Applicant Name: Estera Niculcea

Applicant Address: 6250 N. Maple Rd.
Saline, MI 48176

Applicant Telephone #: (734) 678-4916

Administrator/Licensee Designee: Estera Niculcea

Name of Facility: Ester Guest Home LLC

Facility Address: 6280 N. Maple Rd.
Saline, MI 48176

Facility Telephone #: (734) 944-0845

Application Date: 07/21/2008

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, environmental inspection report, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

07/21/2008	Enrollment
07/28/2008	Inspection Report Requested - Health invoice# 1014563
07/28/2008	File Transferred To Field Office Ann Arbor office
07/30/2008	Comment File received in Ann Arbor.
07/30/2008	Comment File transferred to Jackson Office.
07/30/2008	Application Incomplete Letter Sent
08/07/2008	Inspection Completed-Env. Health : A
09/09/2008	Contact - Document Received Partial documentation as requested in application incomplete letter
10/20/2008	Inspection Completed-BFS Sub. Compliance Inspected physical plant and reviewed facility documentation
10/22/2008	Inspection Completed On-site Follow-up inspection
10/22/2008	Contact – Document sent Confirming letter
10/30/2008	Document submitted in response to confirming letter
11/07/2008	Final on-site inspection
11/7&10/2008	Receipt of requested documentation

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a two story brick home that was formerly an adult foster care family home licensed to the same licensee (AF810264096). It is now licensed as a small group home. The home was originally constructed in 2004, according to the licensee's husband. The front entrance opens to a large marble floored foyer with interior columns. The foyer opens to the facility living area, bedroom corridors and other corridors opening to the dining area and kitchen. The facility has an attached three car garage. Off the back of the facility and the combination kitchen and casual dining area is an exit to a large cement patio. The total living space for the facility measures approximately 882 square feet consisting of the family room, living room, formal dining room, casual dining area off the kitchen and an exercise room/area.

The kitchen contains all modern appliances including an automatic dishwasher and microwave oven.

Laundry appliances are located in the basement of the facility.

The facility is wheelchair accessible via ramps through the facility garage and a side-hinged exit door from the garage, and a separate ramp from the front exit.

Resident medications are stored in locking kitchen cabinets.

The resident bedrooms are located and measure as follows:

East bedroom (#1):	12' X 13' = 156 sq. ft.	1*
Southwest corner bedroom (#2):	10'10" X 11'7" = 125 sq. ft.	1
South bedroom (#3):	10'10" X 11'10" = 128 sq. ft.	1
Southeast corner bedroom: (#4):	11'10" X 10'9" = 127 sq. ft.	2
Northwest bedroom (#5):	12'7" X 10'7" = 133 sq. ft.	1

(*) Denotes the number of licensed beds

The second floor of the facility will be used for the purposes of housing direct care staff as necessary.

2. Sanitation:

The facility is served by private water and septic systems. The Washtenaw County Health Department inspected both systems on August 7, 2008, and determined them "to be in substantial compliance with the applicable rules."

The facility has a central vacuum system throughout the facility.

Garbage service is provided weekly by Waste Management, Inc.

3. Fire Safety:

The facility is protected by hardwired, interconnected smoke alarms throughout the facility. Fire extinguishers are located in the basement, 1st floor, and 2nd floor.

The facility is heated by two separate natural gas-fired high efficiency furnaces located in the basement of the facility. Both furnaces incorporate central air-conditioning systems. A single hot water heater is located in the basement. The facility electrical service panel is also located in the basement and all circuits are labeled.

The facility contains a natural gas-fired fireplace located in the living area of the facility.

The facility is wheelchair accessible via a ramp through the facility garage and a side-hinged door to the exterior, and a cement ramp from the front entrance

B. Program Description

1. Administrative structure & capability:

The facility is licensed to an individual, Ms. Estera Niculcea. She is both the licensee and administrator. Her husband assists her with the operation of the facility, and he meets the required qualifications as a direct care employee. The licensee has now successfully operated a licensed adult foster care home in Michigan for approximately four years.

2. Qualifications and competencies:

Criminal background checks were conducted on the licensee via the Michigan State Police database.

According to a previous licensing study report, the licensee previously had five years experience operating adult care homes in the State of Oregon. Her experience extended to persons who are aged, developmentally disabled, physically handicapped, mentally ill, dementia, traumatically brain injured, and Alzheimer's disease. She previously operated this current facility as a family home since June 2005. The licensee submitted verifications of extensive training completed by her in various curricula. Copies of her past training are retained in the licensing record.

The differences between family home rules and group home rules were reviewed in detail with the licensee on November 6, 2008.

The licensee has created a manual for the training of her employees. This includes a written test. Copies of both documents are retained in the licensing record.

3. Program Information:

The licensee will be providing adult foster care to persons identified in every adult foster care category. The licensing requirements regarding resident compatibility were discussed with the licensee.

An admission policy and program statement describing the facility standards, requirements, and services are contained in the licensing record.

4. Facility and employee records:

The licensee was given necessary information to complete background criminal history checks via Public Act 29. Employee records were reviewed at the final inspection.

Employee records will be secured at the licensee's family home located adjacent to this facility. Resident records will remain in the respective licensed facility.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. The licensee has also signed an agreement to respect and provide a copy of those resident rights to residents/designated representatives as delineated in R400.14304(1)(2). Those resident rights will be reviewed with each individual resident and/or designated representative.

6: Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

Issuance of a temporary license is recommended. The terms of the license will permit the licensee to provide care for up to 6 male or female adults who are diagnosed as aged, developmentally disabled, mentally ill, physically handicapped, traumatically brain injured, and/or diagnosed with Alzheimer's disease.

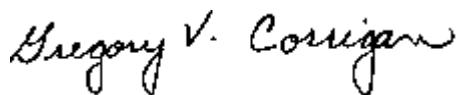


11/10/2008

Chuck Wisman
Licensing Consultant

Date

Approved By:



11/10/2008

Gregory V. Corrigan
Area Manager

Date