



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 4, 2019

Christie Pasinos
Sterling Elder Care, LLC
36329 Dickson Drive
Sterling Heights, MI 48310

RE: Application #: AS500397258
Sterling Senior Care
35235 Rockingham Drive
Sterling Heights, MI 48310

Dear Ms. Pasinos:

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
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500397258
Applicant Name:	Sterling Elder Care, LLC
Applicant Address:	36329 Dickson Drive Sterling Heights, MI 48310
Applicant Telephone #:	(586) 268-6422
Administrator/Licensee Designee:	Christie Pasinos
Name of Facility:	Sterling Senior Care
Facility Address:	35235 Rockingham Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 344-4512
Application Date:	11/13/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

11/13/2018	Enrollment
11/15/2018	Contact - Document Sent Rule & Act booklets
11/15/2018	Contact - Document Received IRS letter
11/26/2018	Contact - Document Received Licensing file received from Central office
11/29/2018	Application Incomplete Letter Sent Sent via email.
04/23/2019	Comment Sent 10-day continued interest letter to licensee designee via email.
05/09/2019	Application Complete/On-site Needed Received and reviewed documents. Inspection needed.
06/05/2019	Inspection Completed-BCAL Sub. Compliance
10/03/2019	Inspection Completed-BCAL Full Compliance
10/03/2019	Inspection Completed- Onsite
10/03/2019	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is located in a residential area in the City of Sterling Heights located in Macomb County. The home is a single-story, brick, ranch style home built on a slab with a two-car detached garage. The first floor of the home consists of a living room, dining room, sitting room, kitchen, two full bathrooms, one half bath and five bedrooms. The laundry room is on the first floor of the home. The home has forced gas heating, central air and is located in Warren Consolidated School District.

The furnace and hot water heater are located on the first floor of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with hardwire smoke detection system, with battery backup, and is fully operational. The home has public water and sewage.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.11 x 17.2	187.40	2
2	9.7 x 9.11	95.03	1
3	11.6 x 13.4	153.33	1
4	11.6 x 9.7	110.21	1
5	10.9 x 7.9	83.31	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 652.45 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

Sterling Senior Care will provide services for both ambulatory and non-ambulatory adult residents that are considered aged, physically handicapped and residents with a diagnosis of Alzheimer's. The home is wheelchair accessible and accepts male and female residents. Sterling Senior Care will provide personal care including activities of daily living. Sterling Senior Care will assist with medication administration and management, transferring assistance, wound care, colostomy/catheter care, oxygen monitoring and glucose checks. Recreation activities are available daily which include music, arts/crafts, board/card games and restaurant outing and social outings.

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 adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will arrange transportation for program and medical needs. 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.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Sterling Elder Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/23 /2018. 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.

The Board of Directors of Sterling Elder Care, L.L.C. has submitted documentation appointing Christie Pasino as Licensee Designee for this facility and Christie Pasino as the Administrator of the facility.

The licensee designee and administrator identify Christie Pasinos. Mrs. Pasinos obtained her Practical Nursing degree in 2008. Mrs. Pasinos has a Bachelor of Science Degree in Marketing. Mrs. Pasino is currently an administrator for Genesis Elder Care since 2015. Mrs. Pasinos currently works as nurse at a Nursing center since 2008.

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

The licensee designee and administrator 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 one staff –to six residents per shift. All staff shall be awake during sleeping hours.

The licensee designee, Christie Pasinos, 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, Christie Pasinos, 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, Christie Pasinos, 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 applicant 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, Christie Pasinos, 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 applicant 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, Christie Pasinos, acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Pasino indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee, Christie Pasinos, 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.

The licensee designee, Christie Pasinos, acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee, Christie Pasinos, 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 applicant 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, Christie Pasinos, 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, Christie Pasinos, 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 adult foster care small group home capacity 1 – 6.

L. Reed

10/03/2019

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/04/2019

Denise Y. Nunn
Area Manager

Date