



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

July 29, 2009

Connie Clauson  
Stone Crest Management, LLC  
P. O. Box 539  
Gladwin, MI 48624

RE: Application #: AL730301043  
Stone Crest Senior Living-Wing B  
255 N. Main  
Freeland, MI 48623

Dear Ms. Clauson:

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 20 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 (989) 758-1987.

Sincerely,

Ronald R. Verhelle, Licensing Consultant  
Bureau of Children and Adult Licensing  
1475 S. Bamber Road  
Mt. Pleasant, MI 48858-8010  
(989) 772-8474

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL730301043

**Applicant Name:** Stone Crest Management, LLC

**Applicant Address:** 325 Commerce Ct.  
Gladwin, MI 48624

**Applicant Telephone #:** (989) 426-2521

**Administrator/Licensee Designee:** Connie Clauson

**Name of Facility:** Stone Crest Senior Living-Wing B

**Facility Address:** 255 N. Main  
Freeland, MI 48623

**Facility Telephone #:** (989) 635-5100

**Application Date:** 03/17/2009

**Capacity:** 20

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

03/17/2009	Enrollment
06/26/2009	Inspection Completed - Environmental Health: A Rating
06/30/2009	Inspection Completed - Bureau Of Fire Services: A Rating
07/28/2009	Inspection Completed - Onsite Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property known as Stone Crest Senior Living-Wing B is located at 225 N. Main St., Freeland, MI 48623, is owned by Ironwood Estates Development Company and leased to Stone Crest Management, LLC. Construction of this facility was recently completed and it has not been occupied or previously licensed. The premises located at the above address is situated on North M -47 within the city limits of Freeland on the banks of the Tittabawassee River. This facility is adjacent to Stone Crest Senior Living-Wing A; another twenty bed facility licensed to Stone Crest Management, LLC. A special use permit was approved for assisted senior care in this area zoned as highly residential on January 16, 2006. There is ample parking on the premises.

Stone Crest Senior Living-Wing B features contemporary ranch styling with composite siding and porte-cochere. This facility features a reception area, large dining area, two sitting rooms, kitchenette, pantry, laundry room, beautician room, two full bathrooms with showers, and two half-bathrooms available for resident use. The capacity of this facility will enable twenty residents to occupy Stone Crest Senior Living-Wing B. This facility contains fourteen private bedrooms with half-bathrooms and three semi-private bedrooms without half-bathrooms. The facility is heated with natural gas, cooled with air-conditioning, and utilizes public utilities. The facility is barrier free and wheelchair users can be accepted with assurances of appropriate staffing.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
19	10' x 14'	140	1
20	10' x 14'	140	2
21	16' x 11' 10"	189.33	1
22	16' x 11' 10"	189.33	1
23	13' 8" x 11' 9"	160.50	1
24	13' 8" x 11' 9"	160.50	2
25	13' 8" x 11' 9"	160.50	2
26	10' x 14'	140	1

27	10' x 14'	140	1
28	10' x 14'	140	1
29	12' x 12' 5"	149	1
30	12' x 12' 5'	149	1
31	12' x 12' 5"	149	1
32	12" x 12' 5"	149	1
33	12' x 12' 5"	149	1
34	12' x 12' 5"	149	1
35	12' x 12' 5	149	1

The living, dining, and sitting room areas measure a total of 1982 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 twenty (20) residents. It is Stone Crest Management, LLC's responsibility not to exceed the facility's licensed capacity.

An interconnected smoke detection and alarm system has been installed in Stone Crest Senior Living-Wing B and is hard-wired to the building's electrical supply with battery back up. Fire extinguishers and emergency evacuation routes have been placed throughout the facility. A large storage room in the basement has been partitioned on all sides with paneling. **Consultation occurred with the Bureau of Fire Services regarding this paneling and it has been approved since the facility is fully sprinkled, an appropriately rated fire resistant ceiling has been installed, and all seams have been caulked. The door which creates separation between the basement and main floor is located in Wing-A and has met Bureau of Fire Services plan specifications.** Therefore, on June 30, 2009, the Bureau of Fire Services determined Stone Crest Senior Living-Wing B to be in full compliance with the Fire Safety Rules for Adult Foster Care Large Group Homes.

Kitchenette and laundry services are located within Stone Crest Senior Living-Wing B with the bulk of food preparation occurring on Wing A and hand-carried to Wing B during mealtime. This facility utilizes public water and sewage systems. The Saginaw County Health Department determined Stone Crest Senior Living-Wing B to be in compliance with the Environmental Health Rules for Adult Foster care Large Group Homes on June 26, 2009.

This licensing consultant determined Stone Crest Senior Living-Wing B to be in compliance with the Maintenance Rules for Adult Foster Care Large Group Homes on July 28, 2009.

Emergency medical, social, educational, recreational, and spiritual services are available within the cities of Freeland, Midland, and Saginaw. This would include hospitals, mental health clinics, aging services, community education programs, recreation programs, and churches.

## **B. Program Description**

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 twenty (20) male or female ambulatory adults whose diagnosis is aged, Alzheimer's, developmentally disabled or mentally impaired, or physically handicapped 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. Residents will be referred from Commission on Aging, Community Mental Health, Department of Human Services, Hospitals, and other social services and health organizations.

Stone Crest Senior Living, LLC will provide all transportation for program and medical needs. This facility will make provision for a variety of leisure and recreational equipment. It is the intention 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**

Stone Crest Management, LLC. which is a "Domestic Limited Liability Corporation" was established in Michigan, on February 13, 2009. This 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 **Stone Crest Management**, L.L.C. has submitted documentation appointing **Connie Clauson** as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for Connie Clauson, licensee Designee and administrator. Connie Clauson has submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Connie Clauson has 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 twenty bed facility is adequate and includes a minimum of two staff to twenty residents per shift. All staff shall be awake during sleeping hours.

Connie Clauson acknowledged 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.

Connie Clauson 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. This licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Connie Claysson acknowledged 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, Connie Clauson 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.

Connie Clauson acknowledged her 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, Connie Clauson acknowledged her responsibility to maintain a current employee record on file in the home for herself, the Licensee Designee and Administrator, direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

Connie Clauson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Connie Clauson indicated that it is her intention to achieve and maintain compliance with these requirements.

Connie Clauson acknowledged 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. Connie Clauson has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Connie Clauson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Connie Clauson acknowledged her 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, Connie Clauson acknowledged her 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.

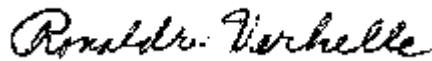
Connie Clauson acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

Stone Crest Management, LLC 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 AFC large group home (capacity 20).



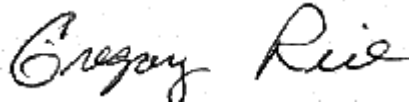
July 29, 2009

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Ronald R. Verhelle  
Licensing Consultant

Date

Approved By:



July 29, 2009

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Gregory Rice  
Area Manager

Date