



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 4, 2010

Robert Ollett
2176 Martha Hulbert Dr
Lapeer, MI 48446

RE: Application #: AF440303320
Pleasant Lake Assisted Living
2176 Martha Hulbert Dr
Lapeer, MI 48446

Dear Mr. Ollett:

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 5 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) 758-2717.

Sincerely,

Kathryn A. Huber, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-2736

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF440303320
Applicant Name:	Robert Ollett
Applicant Address:	2176 Martha Hulbert Dr Lapeer, MI 48446
Applicant Telephone #:	(810) 664-0208
Administrator/Licensee Designee:	N/A
Name of Facility:	Pleasant Lake Assisted Living
Facility Address:	2176 Martha Hulbert Dr Lapeer, MI 48446
Facility Telephone #:	(810) 664-0208 07/08/2009
Application Date:	
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

07/08/2009	Enrollment
07/14/2009	Application Incomplete Letter Sent item 44, 1326 responsible person, 49 person living in home
07/14/2009	Inspection Report Requested - Health inv 1016084
12/08/2009	Application Incomplete Letter Sent item 44, 1326 responsible person, 49 person(s) living in home
03/04/2010	Application Complete/On-site Needed
03/04/2010	Inspection Report Requested - Health
03/15/2010	Application Incomplete Letter Sent
06/08/2010	Inspection Completed On-site
10/01/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Robert Ollett owns the home at 2176 Martha Hulbert Drive, Lapeer, MI. The home is a ground level tri-level style house that was built on a basement. The home is in very good repair. The capacity of the home will enable five residents to utilize two semi-private bedrooms and one private bedroom. A large yard offers opportunity for outdoor recreation and relaxation. There is ample space in the home for five residents.

The home is situated on one acre in a rural area northwest of the City of Lapeer. The home has a deck in the rear of the home. The home has 100 feet lake frontage of Pleasant Lake. There is a four foot fence that has a lock that encloses the back yard. The home has private water and sewage systems. The Lapeer County Health Department recommended full compliance on April 7, 2010.

The home is situated in the Township of Oregon, City of Lapeer, MI. Land use in the vicinity of 2176 Martha Hulbert Drive is primarily houses that were built on or near Lake Pleasant. The home is not barrier free and wheelchair users may not be accepted for admission. Handrails have been erected on all above grade landings and stairways. The home has a living room, dining room, and kitchen in the upstairs level. The middle level has two semi-private and one private bedroom for residents, two bathrooms, and

the laundry room. The lower level contains the provider bedroom bathroom. The home at 2176 Martha Hulbert Drive is built on a basement.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Single station smoke detectors have been installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 NW	15'25" X 11'25"	171.56 square feet	2
#2 NE	12'5' X 11'25"	140.67 square feet	2
#2 SE	15' X 13'5"	180 square feet	1

The living and dining room areas measure a total of 486 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 five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with a statement from a physician documenting the applicant's good health and current TB-tine negative results. The responsible person submitted a medical clearance request with the statement from a physician indicating "physical/mental condition or health problem exists which would affect the ability to work with or around children/dependent adults with or without reasonable accommodation – Legally Blind." Licensee Robert Ollett indicates the Responsible Person has a portable machine that the Responsible Person uses that will allow the Responsible Person to read medication labels. The Responsible Person had a current TB-tine negative result.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant 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), Cogent (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee,

responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain 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.

D. Rule/Statutory Violations

The applicant 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 adult family home (capacity 1-6).

Kathryn Huber

Kathryn A. Huber
Licensing Consultant

Date: 10/04/2010

Approved By:

Gregory Rice

10/04/2010

Gregory Rice
Area Manager

Date