



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 29, 2010

Petra Moreno  
Assisted Living, LLC  
Suite B  
5277 Jackson Rd.  
Ann Arbor, MI 48103

RE: Application #: AS810310408  
Premier Senior Living, LLC  
2106 Camelot  
Ann Arbor, MI 48104

Dear Ms. Moreno:

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

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS810310408

**Applicant Name:** Assisted Living, LLC

**Applicant Address:** Suite B  
5277 Jackson Rd.  
Ann Arbor, MI 48103

**Applicant Telephone #:** (734) 663-8862

**Administrator/Licensee Designee:** Petra Moreno, Designee & administrator

**Name of Facility:** Premier Senior Living, LLC

**Facility Address:** 2106 Camelot  
Ann Arbor, MI 48104

**Facility Telephone #:** (734) 213-2383

**Application Date:** 09/16/2010

**Capacity:** 6

**Program Type:** AGED and ALZHEIMER'S

## 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, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows;

09/16/2010	Enrollment
10/05/2010	Application Incomplete Letter Sent
10/13/2010	Contact - Telephone call received Licensee designee had several questions re: document submission and clarification
10/13/2010	Contact - Document Received Proof of ownership
10/21/2010	Inspection Completed-BCAL Sub. Compliance
10/26/2010	Contact – Document sent Confirming letter from inspection
11/10/2010	Contact - Document Received Documents received in response to confirming letter
11/23/2010	Contact – Final On-site Inspection
11/29/2010	Contact – Document Received Copy of plumbing certification and Alzheimer's policy

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Description:

The facility is a single story brick ranch style home with no attached garage or outbuildings. It was previously licensed as an adult foster care family home, Premier Senior Living (AF810259072).

The front entrance of the facility is ramped to a large deck located at the front of the facility. The deck also traverses the entire front of the facility. This entrance opens to a living room and an adjoining dining area. The living room measures 24' X 17'6" (420 square feet). The dining area measures 12' X 12'5" (149 square feet). Adjacent to the dining area is the facility kitchen. The kitchen contains all modern appliances including

a microwave oven and automatic dishwasher. The resident medications are secured in a locking kitchen cabinet.

Off the living area is a corridor containing the six resident bedrooms and three full bathrooms. One of the full bathrooms is located off the northeast corner bedroom. The resident bedrooms are located and measure as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Northeast Corner:	11' X 14' =	154 square feet	1
Northwest Corner:	11'9" X 11' =	130 square feet	1
West #1 Bedroom:	11' X 11'9" =	130 square feet	1
West #2 Bedroom:	13'8" X 11'8" =	159 square feet	1
Southwest Corner	13'8" X 11'3" – 2'4" X 5' =	142 square feet	1
Southeast Corner:	8'2" X 14'9" – 3'9" X 2'5" =	112 square feet	1

The second required exit is located off the bedroom corridor. It exits onto another wood deck located at the rear of the facility.

The facility contains a central air-conditioning system. Off the bedroom corridor is a laundry room.

The facility is wheelchair accessible. The front entrance is ramped, and the rear exit has an internal ramp and exterior ramps.

## 2. Sanitation:

The facility is served by a public water and sewer system.

Garbage service is provided weekly by the City of Ann Arbor.

## 3. Fire Safety:

The facility is heated via a natural gas-fired forced air furnace located in the basement of the facility. This furnace contains the central air-conditioning system for the facility. The furnace was last inspected on November 15, 2010 by a representative of Johnson Controls and found in an acceptable working condition. A copy of this report is contained in the licensing record. Adjacent to the furnace is a gas-fired hot water heater.

A one-hour floor separation door is located at the bottom of the basement steps. Although the door is not fire resistance labeled, it is a 1 ¾ inch thick solid core door with a self-closing device. An additional kitchen is also located in the basement; however, this basement was originally intended for a live-in arrangement.

The facility is protected throughout by a hard-wired interconnected smoke alarm detection system. It was tested during the preliminary on-site inspection and found in good operating condition. Fire extinguishers are located on each floor and evacuation routes are located on each bedroom door and in the bedroom corridor.

## **B. Program Description**

### 1. Administrative structure & capability:

The licensee for this facility is Assisted Living, LLC. According to documentation submitted by the licensee designee and the Department of Energy, Labor and Economic Growth website, the corporation was formed on May 10, 2010, with an Identification number of D4258Q. Submitted documentation included a listing of corporate members and managers, filing endorsement, and a brief Articles of Organization.

The appointed licensee designee and administrator for the facility is Petra Moreno.

### 2. Qualifications and competencies:

Petra Moreno is a Registered Nurse pursuant to accreditation she submitted in her application. According to her submitted resume, she graduated with a Bachelor's Degree in Nursing from Eastern Michigan University. She continues to work for the University of Michigan Hospital and Heartland Home Health Care.

Ms. Moreno has already worked in this adult foster care facility for the previous licensee since June 2010. She also serviced a number of residents of adult foster in the past through Heartland Home Health Care.

According to the Program Statement, all direct care staff will meet the training requirements under the licensing rules.

### 3. Program Information:

According to the original application, the licensee will provide care to those persons who are aged and who may also have Alzheimer's disease.

According to the submitted Program Statement,

“The programs at Premier Senior Living, LLC are designed for the aged (60 years of age or older). We do not admit persons requiring continuous nurse care (enrollment in a licensed hospice program is not considered to require continuous nursing care); persons with traumatic brain injury; persons with mental illness; persons with developmental disabilities; persons needing isolation and restraint...

Care and services provided to residents are designed to maintain and improve physical and intellectual functioning and independence.”

4. Facility and employee records:

According to the licensee designee, resident and employee records will be maintained at the facility.

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 and/or resident information. The licensing consultant provided technical assistance to the applicant on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website and the toll free number (1-877-718-5542) or via e-mail at [ocalcheck@michigan.gov](mailto:ocalcheck@michigan.gov).

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. The licensee designee 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**

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 male or female adults who are aged, and may be diagnosed with Alzheimer's disease.



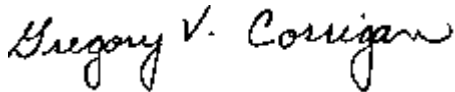
November 29, 2010

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Chuck Wisman  
Licensing Consultant

Date

Approved By:



November 29, 2010

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Gregory V. Corrigan  
Area Manager

Date