



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

July 13, 2011

Paul Wyman
Retirement Living Management of Lowell, LLC
1845 Birmingham SE
Lowell, MI 49331

RE: Application #: AL410311105
Green Acres Lowell
11530 Fulton Street East
Lowell, MI 49331

Dear Mr. Wyman:

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 effective 07/13/2011 through 07/12/2012.

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410311105
Applicant Name:	Retirement Living Management of Lowell, LLC
Applicant Address:	1845 Birmingham S.E. Lowell, MI 49331
Applicant Telephone #:	(616) 897-8000
Administrator/Licensee Designee:	Paul Wyman, Designee
Name of Facility:	Green Acres Lowell
Facility Address:	11530 Fulton Street East Lowell, MI 49331
Facility Telephone #:	(616) 987-9115
Application Date:	11/15/2010
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

11/15/2010	Enrollment
11/17/2010	Inspection Report Requested - Health
11/17/2010	Inspection Report Requested - Fire
11/17/2010	Contact - Document Sent Rule & ACT Books, Fire Safety string
11/17/2010	Application Incomplete Letter Sent
11/23/2010	Contact - Document Received Completed application received.
12/01/2010	Application Complete/On-site Needed
12/01/2010	File Transferred To Field Office Grand Rapids
12/03/2010	Comment Application received in Grand Rapids
12/08/2010	Application Incomplete Letter Sent
12/10/2010	Contact - Telephone call received Reviewed voice mail message from a sanitarian with the Kent County Health Department. He was unable to inspect the facility due to its unfinished state.
01/12/2011	Contact - Document Received
01/31/2011	Inspection Completed-Fire Safety : D
06/01/2011	Inspection Completed-Fire Safety : A
06/08/2011	Contact - Telephone call received Returned call from licensee designee Paul Wyman.
06/22/2011	Inspection Completed-Environmental Health : A
06/24/2011	Inspection Completed-BCAL Sub. Compliance
07/05/2011	Inspection Completed-BCAL Sub. Compliance
07/06/2011	Rule Variance/Exception Granted
07/12/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This one story building sets on a cement pad. There is no basement or second floor so resident bedrooms, living areas, dining room and the kitchen are all on the same level. The facility is located on a State highway outside the Lowell city limits and has public water and sewer. Staff will not be living at the facility. All resident bedrooms have a living area, separate sleeping area, kitchenette, closets, and attached bathrooms. The facility is wheelchair accessible and has more than two approved means of wheelchair egress.

The boiler and hot water heater are located in a heat plant room on the main floor and are enclosed with an approved fire door with self-closing hardware. The facility is equipped with an approved pull station alarm system with a sprinkler system installed throughout.

There are 18 bedrooms with identical dimensions and 2 with identical larger dimensions. Resident bedrooms, without counting the attached bathrooms, have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Smaller bedrooms (18)	12'5" x 12'9" 9' x 9'2" 11'2" x 10'	358.58	2
Larger bedrooms (2)	21'4" x 4'8" 14'10" x 6'11" 11' x 10"11" 10'6" x 10'10"	435.84	2

Rule 400.15409(4) does not allow for more than two residents in any resident bedroom.

The activity and dining room areas have 1,131.88 square feet of living space. This amount of living space complies with the 35 square feet per occupant rule requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

A. Program Description

Admission and discharge policies, program statement, refund policy, and personnel policies, were reviewed and accepted. The applicant intends to provide 24-hour supervision, protection and personal care for up to twenty (20) male or female residents who are aged, wheelchair dependent, or with an Alzheimer's diagnosis. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A plan of action to assist residents with problem areas will be designed and implemented for each resident. The applicant does not intend to accept referrals from Community Mental Health or the Department of Human services. Private pay residents will be accepted.

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 (if any).

The licensee will assist in arranging 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 Retirement Living Management of Lowell, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan on 06/10/2010. 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 members of Retirement Living Management of Lowell, L.L.C. have submitted documentation appointing Paul Wyman as the Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded licensee designee and the administrator. The 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 20 bed facility is adequate and includes a minimum of 3 staff -to- 20 residents during awake hours and 2 staff to 20 during sleeping hours. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant 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 applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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.

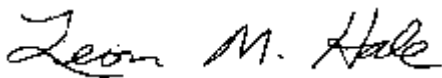
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with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

The applicant 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home (capacity 20).



07/13/2011

Leon M. Hale
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink that reads "Jerry Hendrick". The signature is cursive and stylized.

07/13/2011

Jerry Hendrick
Area Manager

Date