



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 23, 2012

Dean Solden
New Friends Dementia Community, LLC
Suite 2
4488 Jackson Road
Ann Arbor, MI 48103

RE: Application #: AL390299687
New Friends Dementia Community 3
3708 W. Michigan Ave.
Kalamazoo, MI 49006

Dear Mr. Solden:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL390299687

Applicant Name: New Friends Dementia Community, LLC

Applicant Address: Suite 2
4488 Jackson Road
Ann Arbor, MI 48103

Applicant Telephone #: (734) 913-0000

Administrator/Licensee Designee: Dean Solden, Designee

Name of Facility: New Friends Dementia Community 3

Facility Address: 3708 W. Michigan Ave.
Kalamazoo, MI 49006

Facility Telephone #: (269) 372-6100
11/20/2008

Application Date:

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

11/20/2008	Enrollment
01/06/2009	Inspection Report Requested - Health 1015211
01/06/2009	Inspection Report Requested - Fire
01/06/2009	File Transferred To Field Office Kalamazoo
01/09/2009	Application Incomplete Letter Sent
04/15/2011	Inspection Report Requested - Health
05/25/2011	Inspection Completed On-site
05/25/2011	Inspection Completed-Env. Health : B
06/10/2011	Inspection Completed-Env. Health : A
06/13/2011	Inspection Completed-Fire Safety : A
12/15/2011	Inspection Completed On-site
12/15/2011	Inspection Completed-BCAL Full Compliance
04/17/2012	Contact - Telephone call received letter requesting license effective 5/1/12

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a stand-alone, single story building located with two additional licensed facilities on the same property. New Friends Dementia Community LLC is the licensee and administrator for all three facilities. These facilities are located in a neighborhood heavily concentrated with businesses and apartment complexes that largely cater to college students.

The other two facilities received temporary licenses in June 2011 and were renewed to regular licenses in December 2011. Building #3 was in full compliance in December 2011 but the licensee did not want the facility licensed until the census in the other two buildings warranted opening a third. Mr. Solden requested that building #3 be licensed in a letter dated April 17, 2012.

All three buildings have the same floor plan. The front entry leads into the common resident dining area, nurse's room and kitchen. While building #3 does have a functioning kitchen, building #2 contains a commercial kitchen that prepares meals for all three facilities.

The center of the facility also contains a common area living room and activity room. There is a small private room for individuals who want or need a private quiet area. The common areas provide sufficient living space to meet the licensing rule requirement.

Bedroom hallways are located on either side of the common areas. The facility contains 20 bedrooms. While each bedroom has sufficient space for two individuals all will have single occupants. Each bedroom has a wardrobe instead of a built in closet. While the licensee will provide the required furnishings, residents are welcome to bring their own, or supplement the provided furnishings with some of their own belongings.

Doors in this facility have sensors that will sound an alarm when opened and staff will be able to tell which door has been opened. Since the front door is the primary entrance/exit utilized during daytime business hours, that alarm will only be set during nighttime sleeping hours.

The City of Kalamazoo Zoning Board of Appeals approved the zoning variance request to use this property for adult foster care on November 13, 2008.

The Kalamazoo County Health & Community Services Department Sanitarian issued this facility an A rating on May 24, 2011 signifying substantial compliance with applicable rules.

The Bureau of Fire Services Marshall completed a final inspection on June 10, 2011 and issued final approval on that date.

B. Program Description

New Friends Dementia Community LLC was formed on June 30, 2008. The licensee designee, Dean Solden, has been owner, licensee and administrator of several adult foster care homes, homes for the aged, and assisted living facilities throughout the state, demonstrating the financial and administrative capability required for licensure.

Mr. Solden is currently identified as administrator, but Debra Murrey will be appointed as soon as her qualifications are verified. Mr. Solden has all of the required competencies including evidence of Good Moral Character and a medical clearance.

New Friends Dementia Community admits men and women with a primary diagnosis of dementia and/or Alzheimer's. When the facility is at full capacity, it will be staffed with three direct care staff on day and evening shifts, and two direct care staff on overnight shift. Staffing ratios will be adjusted based on resident census and needs. In addition to direct care staff, the community employs maintenance and dietary staff.

There will be no smoking anywhere on the premises. Payment source will be private pay. Residents and their families will be expected to provide transportation to appointments.

Personnel, admission, discharge and refund policies have been reviewed as well as the program statement. Additional documents such as job descriptions, routine procedures, and house guidelines have also been reviewed. Technical assistance has been provided regarding the Act and administrative rule requirements related to home, resident and employee record keeping.

The applicant has submitted a dementia program statement identifying the specialized staff training and care provided to individuals diagnosed with dementia and Alzheimer's. All levels of disease process will be accepted, but combative behavior may require transfer from this program. The program statement identifies that a positive, non-confrontational approach will be used and an individualized plan of care developed using sound, touch, visual, aroma and taste therapies.

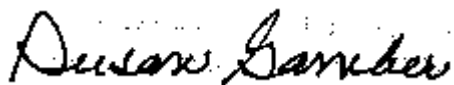
The applicant is aware of the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules. Quality of care will be evaluated during the temporary license period when residents are in care.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

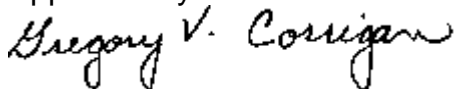


April 23, 2012

Susan Gamber
Licensing Consultant

Date

Approved By:



April 23, 2012

Gregory V. Corrigan
Area Manager

Date