



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 14, 2013

Paul Wyman
Retirement Living Management of Lowell, LLC
1845 Birmingham S.E.
Lowell, MI 49331

RE: Application #: AM410336052
Green Acres Lowell II
11534 Fulton St.
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 12 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, 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
Direct: (616) 916-3587

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410336052

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
Kelly Johnson, Administrator

Name of Facility: Green Acres Lowell II

Facility Address: 11534 Fulton St.
Lowell, MI 49331

Facility Telephone #: (616) 987-9115
08/02/2012

Application Date:

Capacity: 12

Program Type: AGED

II. METHODOLOGY

08/02/2012	Enrollment
08/06/2012	Inspection Report Requested - Health 1020590
08/06/2012	Inspection Report Requested - Fire
08/06/2012	Contact - Document Sent Fire Safety String and Rule & Act books
08/06/2012	Application Incomplete Letter Sent Fingerprints for Paul Wyman and 1326 for Kelly Johnson
08/20/2012	Contact - Document Received 1326 for Kelly Johnson
09/27/2012	Contact - Document Received Fingerprint/1326 for Paul Wyman
10/01/2012	Application Complete/On-site Needed
10/01/2012	File Transferred To Field Office Grand Rapids
10/03/2012	Comment Application received in Grand Rapids / file forwarded to Leon M. Hale
10/22/2012	Application Incomplete Letter Sent
11/01/2012	Contact - Document Received Received most of the documents requested in the 10/22/2012 application incomplete letter.
11/01/2012	Application Incomplete Letter Sent
11/13/2012	Contact - Document Received Received documents requested in my 11/01/2012 application incomplete letter.
11/13/2012	Contact - Telephone call made To Kelly Johnson, scheduling inspection.
11/28/2012	Inspection Completed-BCAL Sub. Compliance
12/06/2012	Inspected Completed Fire Safety-A

12/20/2012 Inspection Completed-Environmental Health : A

01/02/3012 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 not 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, closets, and attached bathrooms. The facility is wheel chair accessible and has the 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 and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	20'1" x 19'6" minus 2'5" x 6'5" (walk in closet)	376.03	2
2	20'1" x 19'5" minus 2'5" x 6'5"	374.42	2
3	20'1" x 19'9" minus 2'5" x 6'5"	381.05	2
4	24'10" x 23'10" minus 2'5" x 6'5" minus 6' x 6'4" (mechanical room)	538.18	2
5	20'2" x 19'10" minus 2'5" x 6'5"	384.44	2
6	20'2" x 19'5" minus 2'5" x 6'5"	376.17	2
7	20'2" x 19'9" minus 2'5" x 6'5"	382.82	2

The above footage includes the bathroom and sitting room areas as those rooms are specific to each bedroom.

The activity, dining, and game room areas measure a total of 987.39 square feet of living space. This complies with the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted. The applicant intends to provide 24-hour supervision, protection and personal care to twelve (12) male and female aged adults, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills. The applicant intends to accept private pay residents.

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 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

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 Licensee Designee for this facility and Kelly Johnson as the Administrator.

A licensing record clearance request was completed. 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 twelve (12) bed facility is adequate and includes a minimum of 1 staff –to-12 residents per shift. 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.

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 temporary license.



01/14/2013

Leon M. Hale
Licensing Consultant

Date

Approved By:



01/14/2013

Mary Holton
Area Manager

Date