



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 8, 2013

Amie Pagano
Suncrest Adult Care Home
1930 N. Hickory Ridge
Highland, MI 48357

RE: Application #: AS630337237
Suncrest Adult Care Home
1930 N. Hickory Ridge
Highland, MI 48357

Dear Ms. Pagano:

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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630337237
Applicant Name:	Suncrest Adult Care Home
Applicant Address:	1930 N. Hickory Ridge Highland, MI 48357
Applicant Telephone #:	(248) 207-5378
Administrator/Licensee Designee:	Amie Pagano
Name of Facility:	Suncrest Adult Care Home
Facility Address:	1930 Hickory Ridge Highland, MI 48357
Facility Telephone #:	(248) 207-5378
Application Date:	10/18/2012
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

10/18/2012	Enrollment
10/24/2012	Inspection Report Requested - Health Invoice 1020844.
10/24/2012	Application Incomplete Letter Sent Fingerprinting/Amie Pagano.
10/24/2012	Contact - Document Sent Act & Rules.
11/09/2012	Application Complete/On-site Needed
11/09/2012	File Transferred To Field Office Pontiac.
11/14/2012	Inspection Completed-Environmental Health: C
11/16/2012	Application Incomplete Letter Sent
12/13/2012	Inspection Completed-Environmental Health: A
02/19/2013	Inspection Report Requested - Health
03/14/2013	Inspection Completed On-site
04/05/2013	Inspection Completed On-site Follow up
04/25/2013	Inspection Completed-BCAL Full Compliance Additional documents submitted.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch style, brick structure, with vinyl siding, located in a residential neighborhood in Highland, Michigan. It is located in an area with similar type single family dwellings. The facility consists of one single occupancy bedroom, two double occupancy bedrooms, a living room, a family room, a kitchen, a dining room and two full bathrooms. One of the bathrooms adjoins the single occupancy bedroom. The facility is wheelchair accessible.

The facility has an attached garage and a driveway that provides adequate off street parking for staff and visitors. The facility is near retail shopping centers and supermarkets, recreational facilities, hospitals and places of worship.

The facility utilizes a private water supply system and a private sewage disposal system. On 12/13/2012, the Oakland County Health Department completed an inspection of the facility and granted them full approval.

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 located at the top of the stairs. The facility is equipped with a hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'4" x 15'	170	2
2	11'8" x 11'2"	130	2
3	16' x 11'8"	187	1

The living room measures a total of 240 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male or female ambulatory and semi-ambulatory adults, who are "aged" by definition, i.e., 60 years or older, in the least restrictive environment as possible. The licensee will also consider for placement individuals who are diagnosed with Alzheimer's and/or individuals who are physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from private referral sources, local hospitals and community based agencies.

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.

The licensee will provide and/or arrange for all 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

On 10/23/2012, Suncrest Adult Care Home submitted an application to provide adult foster care services at 1930 N. Hickory Ridge, Highland, Michigan. The applicant is a "Domestic Limited Liability Company" which was established in Michigan on 9/7/2012. 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 Board of Directors of Suncrest Adult Care Home, L.L.C. has submitted documentation appointing Amie Pagano as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/ administrator submitted a medical clearance request with a statement from their physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Pagano obtained a Bachelor of Science in Nursing degree from the University of Detroit in 1999. Ms. Pagano submitted a copy of her license as a Registered Nurse in the State of Michigan. She submitted a resume indicating 16 years of experience working with the elderly and physically handicapped as a hospice nurse and as a home health care nurse.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one staff to five residents per shift. All staff shall be awake during sleeping hours.

The licensee designee/administrator acknowledged an understanding of the training and qualification 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 licensee designee/administrator 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 Systems ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensee designee/administrator acknowledged 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 licensee designee/administrator 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 licensee designee/administrator acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee/administrator acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The licensee designee/administrator acknowledged 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 licensee designee/administrator 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 licensee designee/administrator acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee/administrator acknowledged their responsibility to obtain all of 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 licensee designee/administrator acknowledged 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.

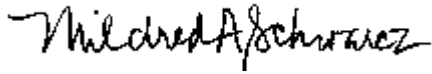
The licensee designee/administrator acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 adult foster care small group home (capacity 1-6).

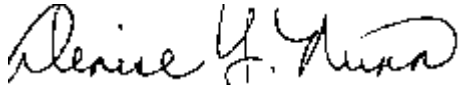


05/08/2013

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



05/08/2013

Denise Y. Nunn
Area Manager

Date