



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 22, 2013

Jayne Glaza
Brookdale Senior Living Communities, Inc.
Suite 2300
6737 West Washington St.
Milwaukee, WI 53214

RE: Application #: AL250315450
Sterling House of Davison
4328 East Clark Street
Davison, MI 48423-1821

Dear Ms. Glaza:

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 17 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 (517) 373-2506.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|---|
| License #: | AL250315450 |
| Applicant Name: | Brookdale Senior Living Communities, Inc. |
| Applicant Address: | Suite 2300 6737 West Washington St. Milwaukee, WI 53214 |
| Applicant Telephone #: | (414) 918-5000 |
| Licensee Designee: | Jayne Glaza |
| Administrator: | Jayne Glaza |
| Name of Facility: | Sterling House of Davison |
| Facility Address: | 4328 East Clark Street Davison, MI 48423-1821 |
| Facility Telephone #: | (810) 658-7100 |
| Application Date: | 09/15/2011 |
| Capacity: | 17 |
| Program Type: | AGED ALZHEIMERS PHYSICALLY HANDICAPPED |

II. METHODOLOGY

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|------------|--|
| 06/21/2011 | Application Incomplete Letter Sent application |
| 09/15/2011 | Enrollment |
| 10/19/2011 | Application Incomplete Letter Sent |
| 02/28/2013 | Inspection Report Requested - Health |
| 03/14/2013 | Inspection Completed-Env. Health : A |
| 03/15/2013 | Inspection Completed On-site |
| 03/15/2013 | Exit Conference |
| 04/08/2013 | Inspection Completed-BCAL Full Compliance |
| 04/17/2013 | Inspection Completed- Fire Safety: A |
| 04/22/2013 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility is a single story building located in Davison, Michigan. This facility is located within a short driving distance from several local restaurants, businesses, and community resources. This building is a newly built facility completed in March 2013. There are 17 Resident suites located along two parallel hallways. Each resident suite has a combined bedroom/ living area measuring 230 sq. feet. Each Resident suite also contains a bathroom and small “galley” kitchen with a sink, cabinets, counter space, a microwave oven and small refrigerator. The furnace and hot water heaters are located in a mechanical room which is separated from the facility with a 13/4” solid-core door equipped with a self-closing mechanism.

This facility is equipped with a ramp for wheelchair accessibility. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Staff office
- 4) Dining room with adequate seating for all residents totaling 245 sq. ft.
- 5) Family room measuring 390 sq. ft.
- 6) Spa room with a spa tub for resident use.
- 7) A sitting room measuring 170 sq. ft.

B. Licensee designee and Licensee designee/ Administrator Qualifications

This facility is owned by Brookdale Senior Living Communities Inc.

The executive board has named Jayne Glaza as the licensee designee, and as the facility administrator. The applicant has submitted documentation that Ms. Glaza meets the administrative qualifications to be appointed to these positions.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the licensee designee / administrator. The licensee designee / administrator submitted a statement from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this large group home licensed for seventeen residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

The licensee designee 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

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

The licensee designee acknowledges their responsibility to obtain 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 acknowledges 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.

C. Program Description

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are aged, diagnosed with Alzheimer's disease, and physically handicapped. This facility will admit both males and female over the age of 60 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24 hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

IV. RECOMMENDATION

I recommend this facility be issued a temporary, six month, Adult Foster Care license with a capacity of 17 residents.

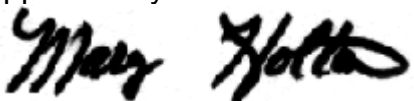


4/22/13

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/22/13

Mary E Holton
Area Manager

Date