

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



August 26, 2013

Providence Operations, LLC Kathy Higgins 6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505

RE: Application #: AH410343036

**Emerald Meadows** 

6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505

Dear Mrs. Higgins:

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 60 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 (616)356-0100.

Sincerely,

Russell B. Misiak, Licensing Staff

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Bureau of Children and Adult Licensing

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

(616) 916-3815

enclosure

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

## I. IDENTIFYING INFORMATION

| Г  | 111111001000  |  |
|--|---|--|
| License #:   | AH410343036   |  |
|  |   |  |
| Applicant Name:  | Providence Operations, LLC  |  |
| 11   | , in the second |  |
| Applicant Address:   | 18601 North Creek Drive   |  |
|  | Tinley Park, IL 60477   |  |
|  | Timey Fairk, IE 00477   |  |
| Applicant Telephone #:   | (708) 342-8100  |  |
| The same of the sa |   |  |
| Administrator/ Authorized  | Kathy Higgins   |  |
| Representative:  | 1)995   |  |
| 1 topi ocomunitor  |   |  |
| Name of Facility:  | Emerald Meadows   |  |
| rame or radinty.   | Emeraid Weddows   |  |
| Facility Address:  | 6117 Charlevoix Woods Ct.   |  |
| 1 defilty Address.   | Grand Rapids, MI 49546-8505   |  |
|  | Orana Napids, IVII 49340-0303   |  |
| Facility Telephone #:  | (616) 954-2366  |  |
| Tacility Telephone #.  | (010) 954-2500  |  |
| Application Date:  | 06/19/2013  |  |
| Application Date:  | 00/19/2013  |  |
| Consoity   | 60  |  |
| Capacity:  | 00  |  |
| Drawam Tyma  | Anad  |  |
| Program Type:  | Aged  |  |
|  | Alzheimer's   |  |
|  |   |  |

#### II. METHODOLOGY

| 06/19/2013 | Enrollment                          |
|------------|-------------------------------------|
| 06/24/2013 | Application Incomplete Letter Sent  |
| 08/04/2013 | Application Complete/On-site Needed |
| 08/23/2013 | Inspection Completed – Onsite       |

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Emerald Meadows is a single story facility located in Cascade Township near Grand Rapids. The facility has been continually licensed as a home for the aged since 2001. The home has 1800 square feet of day, dining, recreation, and activity space. The floor plan is designed with two hallways; A and B that both adjoin with the Gilead memory unit to form an enclosed courtyard within the center of the building. The main entrance, lobby, and large dining room are centrally located on east end of the building. Leading in opposite directions from this central area A and B hallways consist of administrative offices, restroom, library, laundry room, and beauty salon followed by 35 resident rooms that meet the Gilead memory care unit. The Gilead memory care unit is comprised of eleven resident rooms, large activity room, bathroom with spa tub and shower, and dining room. Residents of both areas are able to control the heating and cooling of their individual rooms. The entire facility is air-conditioned. Residents have a choice of four room floor plans; 256, 360, 450 and 462 square feet. All four floor plans have a living area with a connecting handicap accessible bathroom consisting of sink, shower, and toilet. The 450 square foot plan has within the living area a small kitchenette consisting of a microwave, small refrigerator, and sink. Resident rooms are outfitted with emergency pull cords in the living and bath rooms that when activated aluminate a light outside the room in the hallway, alarm enunciators throughout the building, and light a bank of lights dependent on where the room is located either in the memory unit or near the east end of the building. All entrances and exits are magnetically locked and require a key code entry to allow passage through. These locks are disabled at either the entry of the code or the activation of the fire system to allow easy evacuation.

I reviewed the Gilead's Alzheimer's program statement. It is compliant with the requirements of MCL 333.20178.

The facility generator is compliant with the requirements of MCL 333.21335.

The facility is outfitted with approved fire suppression systems. The Bureau of Fire Services granted an acceptable annual fire safety certification on 5/7/2013.

Emerald Meadows is located fifteen minutes from Spectrum Health, St. Mary's and Metro Health hospitals. Banking, grocery, retail, and food establishments are within walking distance of the facility.

Residents that continue to drive their own vehicles are allowed to park in spaces within the adjacent facility parking lot.

The facility is a smoke free building with a designated outdoor smoking area.

A review of the department of Licensing and Regulatory Affairs' business entity search revealed valid registration of Providence Operations, LLC (Applicant) and Providence Grand Rapids, LLC (Owner of building and grounds). Rest Haven Illiana Christian Convalescent Home is the sole owner member of Providence Operations, LLC and Providence Grand Rapids, LLC.

I have reviewed the lease agreement between Providence Operation, LLC and Providence Grand Rapids, LLC. Providence Operation, LLC has a legal right to occupy the building at 6117 Charlevoix Woods Ct, Grand rapids MI 49546.

The administrator and authorized representative have been appointed by an officer of Providence Operations, LLC.

## **B. Program Description**

Emerald Meadows provides services to men and women who are 60 years of age and older. The facility provides room, board, twenty-four hour supervision and assistance with personal care including medication administration. The facility also represents to the public the provision of services to individuals with Alzheimer's disease or related conditions.

I reviewed the applican's home for the aged policies and procedures and granted approval of the documents on 8/4/13.

## C. Rule/Statutory Violations

I completed an onsite inspection of the facility on 8/23/13 and the applicant is found to be in compliance with the licensing act and applicable administrative rules.

## IV. RECOMMENDATION

Based upon the findings, I recommend issuance of a temporary license to this home for the aged. The terms of the license will enable the licensee to operate a home for the aged for 60 residents. The term of the license will be for a six month period effective 8/26/13.

| Russell Misias                       | 8/23/13 |
|--------------------------------------|---------|
| Russell B. Misiak<br>Licensing Staff | Date    |
| Approved By: Betsy Montgomery        | 8/26/13 |
| Betsy Montgomery Area Manager        | Date    |