



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 9, 2014

Kathleen Brunson  
Vibrant Life Senior Living OC Temperance, LLC  
Suite 2A  
4488 Jackson Rd.  
Ann Arbor, MI 48103

RE: Application #: AL580355938  
Jackman Lodge  
7342 Jackman Rd  
Temperance, MI 48182

Dear Ms. Brunson:

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL580355938

**Applicant Name:** Vibrant Life Senior Living OC Temperance, LLC

**Applicant Address:** Suite 2A  
4488 Jackson Rd.  
Ann Arbor, MI 48103

**Applicant Telephone #:** (734) 934-1499

**Administrator/Licensee Designee:** Kathleen Brunson

**Name of Facility:** Jackman Lodge

**Facility Address:** 7342 Jackman Rd  
Temperance, MI 48182

**Facility Telephone #:** (734) 847-4096

**Application Date:** 01/22/2014

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/22/2014	Enrollment Waiting for missing info
01/29/2014	Application Incomplete Letter Sent
02/27/2014	Contact - Document Received Received policies and procedures for review.
03/09/2014	Contact - Document Sent Email sent to applicant requesting submission additional items listed in policies and procedures that were not included in the first packet mailed to me.
03/17/2014	Contact - Document Received Received requested documents policies/procedures from for review.
04/07/2014	Contact - Document Sent Email sent informing applicant that there were still documents required that I did not receive. Also asked applicant to clarify the populations served as the program statement and application does not match.
04/14/2014	Contact - Document Received Received the remainder of the required documents and updated policies and procedures.
04/14/2014	Application Complete/On-site Needed
04/30/2014	Inspection Completed On-site
04/30/2014	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a large one story, aluminum -sided building located in a commercial/residential area in Bedford Township. The driveway is asphalt and there is ample parking. There is a large entrance area to the facility that also contains a sitting area. Upon entering the facility, there is a large common area used for dining and social activities that contains 1349 sq. ft. of activity space. In addition, there is also a den area to the right of the entrance for resident use that contains 166 sq. ft. This exceeds the minimum 35 square feet per resident requirement. The facility has 20 private

bedrooms, 4 full baths, a laundry room, storage room, utility room, full kitchen, pantry, and mechanical rooms.

There is no basement in the facility. Furnaces and hot water heaters are located in the various mechanical rooms in the facility. All furnaces and hot water heaters were inspected on 05/01/14 and are in good repair. The facility is air conditioned by a central air conditioning system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1,6,7,10,13,14	11'4"x 9'10"	111 sq. ft.	1
2	11'4"x 10'2"	115 sq. ft.	1
3,12	11'4"x 9'7"	108 sq. ft.	1
4,5,11,19	11'4"x10"	113 sq. ft.	1
8,9,15,16,17,18,20	11'4"x 9'11"	112 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** 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 as written. The applicant intends to provide 24-hour supervision, protection, personal care in addition to room and board to twenty (20) male or female aged, and physically handicapped in addition to individuals diagnosed with Alzheimer's and other dementia(s) in the least restrictive environment. The facility is also wheelchair accessible. The program statement states that the facility will provide special program needs including wound care, catheter care, post rehabilitation stroke care, colostomy, and Antibiotic IV therapy with an outside home health service.

Emergency medical services will be provided by various local hospitals and emergency medical transportation services will be provided by the Bedford Township ambulance services.

## **C. Applicant and Administrator Qualifications**

The applicant is Vibrant Life Senior Living OC Temperance, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 10/21/2013. 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 Vibrant Life Senior Living, OC Temperance , L.L.C. has submitted documentation appointing Kathleen Brunson as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. 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 provided verification of her education and years of experience working with the aged, physically handicapped, and individuals diagnosed with Alzheimer's.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges 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 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](http://www.miltcpartnership.org)), MorphoTrust formerly 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 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 licensee designee acknowledges 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 applicant acknowledges 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 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 licensee designee 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 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 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 applicant 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.

The licensee designee 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.

#### **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 AFC adult large group home (capacity 13-20).



Pandrea Robinson  
Licensing Consultant

05/08/14  
Date

Approved By:



05/08/14

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Ardra Hunter  
Area Manager

Date