



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 2, 2014

Bonnie Roe
AHSL Holland Operations, LLC
6755 Telegraph, Ste 330
Bloomfield Hills, MI 48301

RE: Application #: AL700365142
AHSL Holland Lighthouse
11905 James St
Holland, MI 49424

Dear Mrs. Roe:

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 (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700365142
Licensee Name:	AHSL Holland Operations, LLC
Licensee Address:	6755 Telegraph, Ste 330 Bloomfield Hills, MI 48301
Licensee Telephone #:	(248) 203-1800
Administrator/Licensee Designee:	Bonnie Roe, Designee Leanne Simmons, Administrator
Name of Facility:	AHSL Holland Lighthouse
Facility Address:	11905 James St Holland, MI 49424
Facility Telephone #:	(616) 393-9270
Application Date:	08/27/2014
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

08/27/2014	On-Line Enrollment
09/03/2014	Inspection Report Requested - Health 1023386
09/03/2014	Application Complete/On-site Needed
09/03/2014	File Transferred To Field Office Grand Rapids
09/09/2014	Application Incomplete Letter Sent
09/18/2014	Inspection Completed-Fire Safety : A
09/24/2014	Inspection Completed-Environmental Health : A
09/25/2014	Contact - Document Received Information requested in Application Incomplete letter
10/01/2014	Contact - Document Received Remaining information requested in Application Incomplete letter
10/01/2014	Inspection Completed On-site
10/01/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story home located on a campus of similarly constructed 20 bed facilities. The facility consists of a combined living and dining room area, 20 resident bedrooms, a kitchen, activity room, 2 full spa-like bathrooms, a heating and mechanicals room, ½ bath for staff and visitors, an 'aide' station, beauty salon, and a staff break and office areas. 4 resident bedrooms have full bathrooms while the remaining 16 resident bedrooms have ½ baths. The facility is barrier free with 4 approved means of egress for the residents. The topography of the surrounding area is such that wheelchair ramps are not necessary. The facility utilizes public water and sewer systems.

The gas boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self- closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkler system is 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
1-12	14'8" x 21'	263 sq. ft.	1/room
13-16	16' x 15'2"	185 sq. ft.	1/room
17-20	19' x 22'6"	359 sq. ft.	1/room

The living, dining, activity and sun room areas measure a total of 1,142 square feet of living space. This complies with the 35 square feet per occupant requirement.

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.

The facility was previously licensed as Oak Crest Lighthouse Manor, License #AL700015357.

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 **twenty (20)** male or female adults whose diagnosis is aged, physically handicapped, and/or with Alzheimer's in the least restrictive environment possible. The program statement includes information on the specialized programming for adults with Alzheimer's. 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. The applicant intends to accept residents from private pay individuals as a referral source.

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 assigned.

The licensee will provide all transportation for program needs. The licensee will assure the availability of transportation to medical appointments. 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

The applicant is AHSL Holland Operations, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/11/2014. 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 AHSL Holland Operations, L.L.C. have submitted documentation appointing Bonnie Roe as Licensee Designee for this facility and Leanne Simmons as the 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 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 20 bed facility is adequate and includes a minimum of 4-5 staff -to- 20 residents per shift during the day and 4 staff -to- 20 residents during the evening. There will be 2 staff -to- 20 residents at night/during the hour of sleep. 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 or expected to assist in providing supervision, protection, or personal care to the resident population.

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 residents' 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).




10/02/2014

Grant Sutton
Licensing Consultant

Date

Approved By:



10/02/2014

Leon M. Hale
Area Manager

Date