



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 28, 2014

Cedar Hill Assisted Living & Senior Living Inc.
2845 US 2/41
Bark River, MI 49807

RE: Application #: AL210351928
Cedar Hill Assisted Living & Senior Housing
1059 US Hwy 2/41
Bark River, MI 49807

Dear Cedar Hill Assisted Living & Senior Living Inc.:

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 (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL210351928

Applicant Name: Cedar Hill Assisted Living & Senior Living Inc.

Applicant Address: 2845 US 2/41
Bark River, MI 49807

Applicant Telephone #: (906) 466-2000

Administrator/Licensee Designee: Michael Emmons

Name of Facility: Cedar Hill Assisted Living & Senior Housing

Facility Address: 1059 US Hwy 2/41
Bark River, MI 49807

Facility Telephone #:

Application Date: 11/06/2013

Capacity: 20

Program Type: AGED

II. METHODOLOGY

11/06/2013	Enrollment
11/15/2013	Application Incomplete Letter Sent needs a fingerprint for Mike Emmons
01/13/2014	Lic. Unit file referred for criminal history review Michael Emmons
02/05/2014	Contact - Face to Face Initial on-site interview with Licensee Designee Mike Emmons.
02/05/2014	Inspection Completed On-site On-site construction site - waiting on plan review.
02/05/2014	Inspection Completed On-site
02/13/2014	Inspection Completed-Fire Safety : D Disapproved plan review.
02/20/2014	Application Incomplete Letter Sent
06/03/2014	Inspection Completed On-site
07/31/2014	Inspection Completed On-site
08/18/2014	Inspection Completed On-site
08/20/2014	Inspection Report Requested - Health
09/19/2014	Inspection Completed-Env. Health : A
10/02/2014	Inspection Completed-Fire Safety : D Disapproved
10/13/2014	Inspection Completed On-site
10/24/2014	Inspection Completed-Fire Safety : A Approved
10/27/2014	Inspection Completed-BCAL Full Compliance
10/28/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The building is a former two-story hotel that was constructed in 2002. It sits on seven wooded acres in a serene country setting. The lower part of the building will be used for Adult Foster Care residents. The upper level will be independent senior apartments. The facility is located just north of the town of Bark River. The building is constructed with a complete automatic fire sprinkling system and it is serviced by municipal sewage and has a private water supply. The lower level (Adult Foster Care) is beautifully decorated and is a total barrier-free, single story facility (9744 square feet) with a central living area (897 square feet). The central living area has an open concept kitchen and a large dining/multi-purpose room. In addition, there is also a large lounge room (312 square feet) and two large deck areas available for resident use.

On each side of the central living area is a wing of resident living units. Each unit consists of a bedroom with a full bathroom. Bedroom units have the following dimensions minus the bathroom areas:

Bedroom #1	232 sq. ft.	Approved capacity 1
Bedroom #2	235 sq. ft.	Approved capacity 1
Bedroom #3	235 sq. ft.	Approved capacity 1
Bedroom #4	235 sq. ft.	Approved capacity 1
Bedroom #5	235sq. ft.	Approved capacity 1
Bedroom #6	235 sq. ft.	Approved capacity 1
Bedroom #7	235 sq. ft.	Approved capacity 1
Bedroom #8	181 sq. ft.	Approved capacity 1
Bedroom #9	181 sq. ft.	Approved capacity 1
Bedroom #10	181 sq. ft.	Approved capacity 1
Bedroom #11	235 sq. ft.	Approved capacity 1
Bedroom #12	235 sq. ft.	Approved capacity 1
Bedroom #13	282 sq. ft.	Approved capacity 1
Bedroom #14	282 sq. ft.	Approved capacity 1
Bedroom #15	235 sq. ft.	Approved capacity 1
Bedroom #16	235 sq. ft.	Approved capacity 1
Bedroom #17	282 sq. ft.	Approved capacity 1
Bedroom #18	282 sq. ft.	Approved capacity 1
Bedroom #19	235 sq. ft.	Approved capacity 1
Bedroom #20	235 sq. ft.	Approved capacity 1

Note: Bedrooms 8, 9, and 10 are fully equipped to accommodate physically handicapped and wheelchair bound residents.

The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 10/24/2014 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final environmental inspection was completed by the Delta-Menominee District Health Department on 10/21/2014 resulting in approval of use.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The facility will offer raised garden beds and bird feeders for resident use. In addition, the facility intends to sponsor other activities such as religious services, ice cream socials, bingo, shopping trips, casino trips, happy hours, musicians, etc.

In-house medical visits will be scheduled as needed and physical therapy will be available. A therapeutic swimming pool is planned for construction on site in the near future.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Michael Emmons, the licensee/administrator. Mr. Michael Emmons submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Emmons has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 20-bed facility is adequate and includes a minimum of 2 staff per 20 residents on the awake-shift, and 1 staff to 20 residents during the sleep shift. Staff will be increased if the need arises.

The licensee 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 acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee 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 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 the documents contained within each employee's file.

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

The licensee 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 has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).



10/28/2014

Theresa Norton
Licensing Consultant

Date

Approved By:



10/30/2014

Mary E Holton
Area Manager

Date