



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 24, 2016

Philip Campau  
Michigan Pure, L.L.C.  
3100 N. Parma Road  
Parma, MI 49269

RE: Application #: AS380383819  
Jacqueline House Assisted Living 2  
3829 Guest Rd.  
Jackson, MI 49203

Dear Mr. Campau:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report dated October 10, 2016. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 262-8604

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS380383819

**Licensee Name:** Michigan Pure, L.L.C.

**Licensee Address:** 3100 N. Parma Road  
Parma, MI 49269

**Licensee Telephone #:** (517) 206-7489

**Administrator/Licensee Designee:** Philip Campau, Designee

**Name of Facility:** Jacqueline House Assisted Living 2

**Facility Address:** 3829 Guest Rd.  
Jackson, MI 49203

**Facility Telephone #:** (517) 888-5165

**Application Date:** 07/15/2016

**Capacity:** 6

**Program Type:** AGED  
PHYSICALLY HANDICAPPED  
ALZHEIMERS

## II. METHODOLOGY

07/15/2016	On-Line Enrollment
07/25/2016	Contact - Document Sent Rules & Act booklets
07/25/2016	Application Incomplete Letter Sent Rec cl's for LD & Admin
08/01/2016	Contact - Document Received Rec cl's for Philip C & Pamela C
08/15/2016	Contact - Document Received/ Supporting documents received.
08/15/2016	Application Complete/On-site Needed
09/07/2016	Inspection Completed-BCAL Sub. Compliance
09/08/2016	Contact - Document Received
10/03/2016	Contact - Telephone call received/ Phone call from the applicant inquiring about the status of the pending enrollment.
10/10/2016	Corrective Action Plan Received
10/10/2016	Contact - Telephone call made/Phone call to the applicant copies of the attachments and inspections were requested.
10/14/2016	Corrective Action Plan Approved
10/14/2016	Contact - Document Received
10/14/2016	Contact - Telephone call received/ From Mr. Campau.
10/19/2016	Contact - Telephone call made/ Mr. Campau
10/20/2016	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

This facility is located in a residential neighborhood just outside the City of Jackson. The facility is at the back of a subdivision on the curve.

This ranch style home, built in 1968, has a basement and is located on a small gradual incline. The facility has a circular driveway. The facility meets criteria for wheelchair accessibility. The primary entrance for residents is located in the front of the facility, facing west. This entrance is equipped with a wheelchair ramp. The second identified resident exit is located off the back (east side) of the facility; which is also equipped with a wheelchair ramp and leads to solid ground, terminating on the cement.

The primary entrance opens to a hallway. The large living room is located on the right, which then leads into the formal dining room and then the kitchen. The main entrance hallway also leads to the den on the far right and to the left there is a full handicapped assessable bathroom and four resident bedrooms. Bedroom #4 is also equipped with a full handicapped assessable bathroom, which will only be utilized by the individuals residing in that room.

There is an entryway from the den into the kitchen. There is a hallway leading from the kitchen to another hallway (on the left), which leads to the pantry on one side and staff bathroom on the other. This hallway also leads to the second approved means of egress. On the right, the hallway leads to the garage door. The garage will not be utilized by the residents. The hallway off the kitchen also leads to the laundry room, where the washer and dryer are located. There is a door, which leads directly outside from the laundry room. The basement is also accessed through the laundry room. The door leading to the basement is a 90-minute door, and is equipped with an automatic self-closing device and positive latching hardware. Mrs. Campau's office and the heat plant are located in the basement.

The basement also contains the furnace, hot water heater, and electrical panel. The gas fired forced air furnace has been recently inspected and is in good operating condition. This facility is air conditioned through a central air conditioning unit. The facility has a gas fired hot water heater which also contains a device that assures a constant hot water temperature so that it will never exceed 120 degrees Fahrenheit. The electrical panel and service has been inspected and approved by an electrical inspector.

The facility has a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on both levels of the facility and in required areas; such as outside of the sleeping areas and just outside the kitchen area in the den.

The resident living room and den each have a fireplace; the applicant has stated in writing that the fireplaces will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
#1 East Bedroom	11' 2" x 11' 1"	124 sq. ft.	1
#2 N.E. Bedroom	11' x 12' 9"	140 sq. ft.	2
#3 North (Center hallway) Bedroom	8'10" x 12' 3"	108 sq. ft.	1
#4 N.W. Bedroom	12' 3" x 16' 2"	198 sq. ft.	2

As required by the rule, each of the bedrooms have easily openable windows; however, the windows in Bedrooms #1, Bedroom #2, and Bedroom #4 are too small for an adult to exit through in the case of an emergency. Therefore, larger egress windows (35" x 35"), with full glass panes, that do not open were installed. The glass panes can be broken if there is a need for an emergency exit.

The indoor living and living areas measure a total of 1,991 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 6 (male/female) residents who are aged (60 years or older), physically handicapped, or have Alzheimer's. According to the program statement, Jacqueline House Assisted Living 2 "has been designed to create and maintain a family-like setting, serving a small number of residents in a personal atmosphere." The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Jacqueline House Assisted Living 2 strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

The applicant is Michigan Pure, L.L.C., and is a “For Profit Domestic Limited Liability Company” which was formed on January 14, 2004. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Philip F. Campau is the Resident Agent. 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. Mr. Campau is the sole owner and member of the L.L.C. and has stated in writing the appointment of himself as the licensee designee and his wife, Pam Campau as the administrator for the facility.

Criminal background checks of Philip Campau and Pamela Campau were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. and Mrs. Campau submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Philip Campau and Pamela Campau have both provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Both Mr. and Mrs. Campau received their required training through the Michigan Assisted Living Association and have provided copies of these trainings. They have also been trained in First Aid and CPR and provided certification of completion.

Mr. Campau’s business experience consists of 17 years of being a business owner in the industrial and home security industry. He also has 11 years’ experience running a business focusing on residential marble countertops, showers, and bathtubs. Mr. Campau has 5 years’ experience providing in-home services to individuals whom had significant medical and Alzheimer’s service needs.

Mrs. Campau’s experience includes caring for a family member in their home, who had cancer for approximately eight years, caring for an elderly individual with Alzheimer’s, and caring for her mother, who had Alzheimer’s for ten years. Mrs. Campau has many years of in-home direct care service experience with individuals with significant medical and Alzheimer’s service needs.

Mrs. Campau also has management experience; which consisted of her being an office manager, providing staff supervision, and establishing good working relationships with customers. In addition, Mrs. Campau owned and operated a floral design shop and was a wedding coordinator. Over the past several years, Mrs. Campau has volunteered and worked to help others in the community. Mrs. Campau has also been the administrator for Jacqueline House Assisted Living (1) since February 2013. Mrs. Campau has been responsible for the daily activities and care in the home, organization of paperwork, and worked to maintain compliance with the group home administrative rules.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff

to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged 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 audit 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

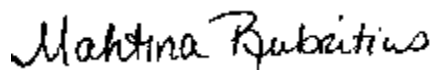
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with the administrative rules related to the quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



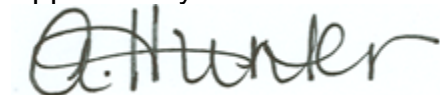
10/20/2016

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:



10/24/2016

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Ardra Hunter  
Area Manager

Date