



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 6, 2016

Caroline Anderson  
Thrive Assisted Living LLC  
3910 Athens Avenue  
Waterford, MI 48329

RE: Application #: AS630366969  
Thrive Assisted Living  
839 Helston Road  
Bloomfield Hills, MI 48304

Dear Ms. Anderson:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630366969

**Applicant Name:** Thrive Assisted Living LLC

**Applicant Address:** 3910 Athens Avenue  
Waterford, MI 48329

**Applicant Telephone #:** (248) 231-5916

**Licensee Designee:** Caroline Anderson

**Administrator** Caroline Anderson

**Name of Facility:** Thrive Assisted Living

**Facility Address:** 839 Helston Road  
Bloomfield Hills, MI 48304

**Facility Telephone #:** (248) 308-9607

**Application Date:** 10/01/2014

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/01/2014	Enrollment
10/03/2014	Contact - Document Received Med Clearance & TB/Caroline.
10/09/2014	Application Complete/On-site Needed
10/09/2014	File Transferred To Field Office Pontiac.
10/09/2014	Contact - Document Sent Act & Rules.
10/22/2014	Application Incomplete Letter Sent
09/09/2015	Contact - Telephone call made Spoke with Ms. Anderson to schedule onsite.
09/22/2015	Inspection Completed On-site
09/22/2015	Inspection Completed-BCAL Sub. Compliance
08/22/2016	Contact- Spoke to Stephanie Williams, previous AFC Licensing Consultant, reviewed confirming letter.
08/23/2016	Inspection Completed On-site
08/23/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Thrive Assisted Living adult foster care home is located in a residential area in Bloomfield Hills, Michigan. Thrive adult foster care home, constructed in 1959, is a single story structure, with a fenced backyard. The home is owned by Shand Realty, LLC. The community is serviced by public water and sewage system. Medical, social, educational, religious and shopping resources are located nearby within the surrounding community. To service residents with mobility impairments, the home is wheelchair accessible as the front egress door leads directly to firm-surfaced, unobstructed concrete which allows the occupants to move a safe distance away from the building as required by Rule 400.1509(2). The facility features a gas forced air heating and central air conditioning. The living area features a gas fireplace that will not be used by the residents. Laundry facilities are located on the first floor of the home and includes a gas-dryer with a solid galvanized metal duct.

The first floor of the home consists of a family room with an electric fireplace, dining room/living room, laundry room, kitchen, three bathrooms (bathroom #1 located in bedroom #2 and bathroom #3 located in bedroom #4) and four bedrooms.

The furnace and hot water heater are located in on the main floor with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" x 10'11"	128.3 square feet	Capacity 1
2	13'6" x 11'8"	157.41 square feet	Capacity 1
3	11'11" x 14'8"	175 square feet	Capacity 2
4	15'2" x 14'11"	226.3 square feet	Capacity 2

Total capacity: 6.

Resident Living Space	Room Dimensions	Total Square Footage
Living Room	11'4' x 12'10"	145.4 square feet
Dining Room	13'5" x 18'3"	245 square feet
Family Room	13'9" x 14'5"	198 square feet

The living, dining, and sitting room areas measure a total of 589 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this home can accommodate **six (6)** 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 and personal care to **six (6)** male or female ambulatory and/or non-ambulatory adults whose diagnosis is Aged, Dementia, or Alzheimer's, in the least restrictive environment possible. 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.

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.

The licensee will provide all transportation for program and medical needs. 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 Thrive Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/27/14. 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 Thrive, L.L.C. has submitted documentation appointing Caroline Anderson as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/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. Ms. Anderson is a Licensed Registered Nurse. She graduated from Shapiro School of Nursing in 1981, (LPN) and Washtenaw Community College, 1992 (RN). Ms. Anderson is a Certified Dementia Practitioner and a licensed Nursing Home Administrator. Ms. Anderson worked in the following capacities from 1981 – 2014: Staff Nurse, In-service Director, Infection Control Coordinator, Assistant Director of Nursing, Nurse Consultant for 8 Skilled Nursing Facilities, Director of Nursing for 180 bed Skilled Nursing Facility, Director of Nursing, Administrator, Head Nurse Consultant for 17 Skilled Nursing Centers, Regional Director of Operations for 6 Skilled Nursing Centers, Corporate Compliance Director, Director of Community Services. In 2014, Ms. Anderson began operating Thrive Assisted Living.

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

The applicant 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 one to six 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](http://www.miltcpartnership.org)), Identogo 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 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 facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted, the previous licensing consultant determined residents were in care in November, 2014. At the time of licensure, this facility is currently providing services to six individuals.

**IV. RECOMMENDATION**

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



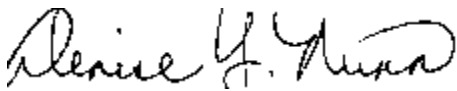
10/24/16

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Kenyatta Lewis  
Licensing Consultant

Date

Approved By:



12/06/2016

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Denise Y. Nunn  
Area Manager

Date