



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 14, 2016

Paul Wyman  
Retirement Living Management of Lowell, LLC  
1845 Birmingham S.E.  
Lowell, MI 49331

RE: Application #: AL410385282  
Green Acres of Lowell III  
11546 Fulton Street  
Lowell, MI 49331

Dear Mr. Wyman:

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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410385282

**Applicant Name:** Retirement Living Management of Lowell, LLC

**Applicant Address:** 1845 Birmingham S.E.  
Lowell, MI 49331

**Applicant Telephone #:** (616) 897-8000

**Administrator/Licensee Designee:** Paul Wyman, Designee  
Katy Juarez, Administrator

**Name of Facility:** Green Acres of Lowell III

**Facility Address:** 11546 Fulton Street  
Lowell, MI 49331

**Facility Telephone #:** (616) 987-9115

**Application Date:** 10/14/2016

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

10/14/2016	Enrollment
10/14/2016	Contact - Document Received Via e-mail: BCAL-1326 for Katy Juarez and Paul Wyman, BCAL-3704 medical clearance for Paul Wyman
10/14/2016	Contact - Document Sent Rules and act sent.
10/14/2016	File Transferred To Field Office Kent
10/25/2016	Contact - Document Received Letter received requesting variance for Rule 400.15410 Bedroom Furnishings.
11/02/2016	Comment Transferred the case from Megan Aukerman to Arlene B. Smith on this day 11/02/2016.
11/30/2016	Application Complete/On-site Needed I conducted an inspection with a new consultant Stephanie Gonzales.
11/30/2016	Contact - Document Received I received and reviewed their Policies and Procedures for Emergency Preparedness for fire, severe weather and a medical emergency and for other policy and procedures.
11/30/2016	Contact - Document Received Medical Clearance and TB test results on Katy Juarez, RN, Administrator and documentation of her trainings. I received the Lease Agreement, Certification of Occupancy, Charter Township Lowell Zoning Approval, dated 03/15/2016, and the TB results for Mr. Paul Wyman, Licensee Designee,
12/09/2016	Inspection Completed-Fire Safety : A The facility was inspected on 08/10/2016, 10/06/2016 and the final inspection was 11/17/2016.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The new constructed one floor facility is located in Lowell, Michigan, just outside of the city limits. There is no basement or a second floor. All 20 residents' private bedrooms

have a living area, separate sleeping area, kitchenette, closets, and attached bathrooms. This facility has an entry way, a full kitchen with a pantry, a dining room, two living/activity rooms, a nurses' station, a main office, a beauty shop, storages rooms, a laundry room, a large bathing room, a ½ bathroom, a break room, a service corridor and an enclosed mechanical room. The home is wheelchair accessible and has two approved means of egress. The home has public water and sewer.

This facility sits next to Green Acres Lowell II, licensed number AM410336052 and Green Acres Lowell, license number AL41031115. All three facilities are licensed by the same corporation.

The 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 sprinkled system installed throughout the facility.

There are 20 private resident bedrooms.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	24' 9" x 18'	445.5	1
# 2	24 '9" x 19' 7"	484.605	1
# 3	18' x 22' 9"	409.5	1
# 4	18' x 22' 9"	409.5	1
# 5	18' x 22' 9"	409.5	1
# 6	18' x 22' 9"	409.5	1
# 7	18' 5" x 22' 9"	419.055	1
# 8	22' 9" x 23'	523.25	1
# 9	22' 9" x 18'	409.5	1
#10	22' 9" x 18'	409.5	1
#11	22' 9" x 20'	455	1
#12	22' 9" x 20	455	1
#13	22' 9" x 20	455	1
#14	22' 9" x 21' 7"	490.945	1
#15	22' 9" x 19' 5"	441.805	1
#16	22' 9" x 18'	409.5	1
#17	22' 9" x 18'	409.5	1
#18	22' 9" x 18	409.5	1
#19	22' 9 " x 18'	409.5	1
#20	22' 9" x 17' 11"	394.03	1

The living, dining, and sitting room areas measure a total of 1610.72 square feet of living space. This exceeds the minimum of 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.

## **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, who may use a wheelchair or be dependent on the use of a wheelchair, who are aged, or with an Alzheimer's diagnosis 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. The applicant does not intend to accept residents from Community Mental Health agencies or the local Departments of DHHS. They will consider the residents that are a part of the Medicaid Waiver Program. Private Pay individuals will be accepted.

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 assist in arranging 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 Retirement Living Management of Lowell, L.L.C., which is a "Domestic Limited Liability Company", for Profit Corporation, which was established in Michigan, on 06/10/2010. 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 Retirement Living Management of Lowell, LLC, Inc. have submitted documentation appointing Paul Wyman as Licensee Designee for this facility and Katy Juarez, 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 2 staff -to- 20 residents per shift. 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 stated 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](http://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).

*Arlene B. Smith*

12/14/2016

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Arlene B. Smith  
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink that reads "Jerry Hendrick". The signature is fluid and cursive, with the first name "Jerry" being more prominent than the last name "Hendrick".

12/14/2016

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Jerry Hendrick  
Area Manager

Date



