



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 9, 2017

Lura Butler-Engel
Premier Operating Burton MC North, LLC
299 Park Ave - 6 Fl
New York, NY 10171

RE: Application #: AL250382837
The Pines Of Burton - Memory
5330 Davison Road
Burton, MI 48509

Dear Ms. Butler-Engel:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AL250382837

Licensee Name: Premier Operating Burton MC North, LLC

Licensee Address: 299 Park Ave - 6 Fl
New York, NY 10171

Licensee Telephone #: (212) 739-0794

Administrator/Licensee Designee: Rosie Whitmore – Administrator
Lura Butler-Engel - Designee

Name of Facility: The Pines Of Burton - Memory

Facility Address: 5330 Davison Road
Burton, MI 48509

Facility Telephone #: (810) 743-8520

Application Date: 05/17/2016

Capacity: 20

Program Type: ALZHEIMERS

II. METHODOLOGY

05/17/2016	On-Line Enrollment
05/26/2016	Inspection Report Requested - Fire change of ownership
05/26/2016	Contact - Document Sent fire safety string
05/26/2016	Contact - Document Sent rules and act
05/26/2016	Application Incomplete Letter Sent 1326 for adm and licensee. Copy of IRS fed ID number letter and page 1 of application filled in with administrator info.
07/07/2016	Inspection Completed-Fire Safety : A
07/26/2016	Contact - Document Received New page one of BCAL-569-C with R. Whitmore as Lic Des. and Adm, BCAL 1326 and RI-030 for R. Whitmore and exam report from genesys occup. health network.
07/26/2016	Inspection Completed On-site
08/12/2016	File Transferred To Field Office Flint/Genesee
08/17/2016	Inspection Completed On-site
08/24/2016	Application Incomplete Letter Sent
10/18/2016	Inspection Completed On-site
11/22/2016	Inspection Completed On-site
01/09/2017	Inspection Completed On-site
01/09/2017	Inspection Completed – Environmental Health: A
02/07/2017	Application Complete/On-site Needed
02/07/2017	Inspection Completed-BCAL Full Compliance
02/07/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Pines of Burton Memory is located at 5330 Davison Road, Burton in Genesee County. The physical plant is a one-level vinyl and brick-sided structure with no basement. It consists of a living room, dining room, kitchen, staff break-room, shampoo room, laundry room, and 20 single-occupancy resident bedrooms. There are two separate public restrooms and each resident's bedroom has their own walk-in shower and a closet. The driveway has adequate parking for staff and visitors. The facility is wheelchair accessible.

There are four furnaces located on the side roof of the facility. The hot water heater is located on the main floor in an 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The laundry room is located in the middle of the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has a public water and sewer system. The facility is also connected to the municipal water supply. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	16'1" x 24'9"	401	1
Bedroom 2	13' x 24'9"	324	1
Bedroom 3	13' x 24'9"	324	1
Bedroom 4	13' x 24'9"	324	1
Bedroom 5	13' x 24'9"	324	1
Bedroom 6	13' x 24'9"	324	1
Bedroom 7	13' x 24'9"	324	1
Bedroom 8	13' x 24'9"	324	1
Bedroom 9	16'2" x 24'9"	403	1
Bedroom 10	16'1" x 24'9"	401	1
Bedroom 11	13' x 24'9"	324	1
Bedroom 12	13' x 24'9"	324	1
Bedroom 13	13' x 24'9"	324	1
Bedroom 14	13' x 24'9"	324	1
Bedroom 15	13' x 24'9"	324	1
Bedroom 16	13' x 24'9"	324	1
Bedroom 17	13' x 24'9"	324	1
Bedroom 18	16'2" x 24'9"	403	1

Bedroom 19	21'9" x 17'	372	1
Bedroom 20	21'9" x 17'	372	1

The living, dining, and sitting room areas measure a total of 1861 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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

The applicant, Premier Operating Burton MC North, LLC, submitted a copy of the required documentation. 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 ambulatory adults whose diagnosis is Alzheimer's and dementia in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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.

Premier Operating Burton MC North, LLC will ensure that the resident's transportation and medical needs are met. Premier Operating Burton MC North, LLC has transportation available for residents to access community-based resources and

services. 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

On 05/17/2016, Premier Operating Burton MC North, LLC submitted an application to provide foster care services to twenty adults at 5330 Davison Road, Burton, Michigan.

The applicant, Premier Operating Burton MC North, LLC which is a “Domestic Profit Corporation”, was established in Michigan, on 04/19/2016. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Premier Operating Burton MC North, LLC submitted a written statement naming Lura Butler-Engel as the licensee designee and Rosie Whitmore as the facility administrator. Lura Butler-Engel and Rosie Whitmore submitted licensing record clearance requests that were completed with no LEIN convictions recorded. Lura Butler-Engel and Rosie Whitmore also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Lura Butler-Engel and Rosie Whitmore 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 1 staff to 15 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 1 to 15 resident ratios.

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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 and Statutory Violations

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

Crecendra Brown February 9, 2017

Crecendra Brown Date
Licensing Consultant

Approved By:

Mary Holton February 9, 2017

Mary E Holton Date
Area Manager