



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 21, 2017

Sarah Thomas
New Heights Assisted Living, LLC
9402 Michigamme Road
Clarkston, MI 48348

RE: Application #: AS630383028
New Heights Assisted Living
9402 Michigamme Road
Clarkston, MI 48348

Dear Ms. Thomas:

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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630383028
Applicant Name:	New Heights Assisted Living, LLC
Applicant Address:	9402 Michigamme Road Clarkston, MI 48348
Applicant Telephone #:	(248) 660-7014
Administrator/Licensee Designee:	Sarah Thomas
Name of Facility:	New Heights Assisted Living
Facility Address:	9402 Michigamme Road Clarkston, MI 48348
Facility Telephone #:	(248) 660-7014
Application Date:	05/19/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

02/17/2016	Inspection Completed-Env. Health: B Environmental Health re-inspection completed from previous license application AS630378609.
05/19/2016	Enrollment
05/24/2016	Contact - Document Received Medical clearance and TB/Sarah.
06/01/2016	Inspection Report Requested - Health 1025780.
06/01/2016	Comment 1326s/Sarah&Julian to CG/FPs still ok.
06/01/2016	Application Incomplete Letter Sent FPs, 1326As and RI-030s/Sarah and Julian.
06/01/2016	Contact - Document Sent Act & Rules.
06/21/2016	Contact - Telephone call received Pam/Oakland County Health Department - applicant does not think needs an inspection, Pam will email me previous EHI Reports with D to B ratings, and I will check with AM.
11/04/2016	Application Complete/On-site Needed
11/04/2016	File Transferred To Field Office Pontiac.
11/10/2016	Contact - Document Received Licensing file received from Central office
12/16/2016	Application Incomplete Letter Sent
01/06/2017	Contact - Document Received
01/13/2017	Contact - Document Received Medical clearance
01/20/2017	Inspection Completed On-site
01/20/2017	Inspection Completed-BCAL Sub. Compliance

01/20/2017	Application Incomplete Letter Sent
01/22/2017	Contact - Document Received Budget, transportation, fee policy
01/27/2017	Corrective Action Plan and Documentation of Compliance- photographs received via email
01/27/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

New Heights Assisted Living is located in a residential area at 9402 Michigamme Road, Clarkston, MI 48348. The home is a single story, white brick structure with a full basement. There is an attached two car garage on the north side of the home and an attached one car garage on the south side of the home. The first floor of the home consists of a living room, dining room, kitchen, two full bathrooms, and four bedrooms.

New Heights Assisted Living is located 5 miles away from McLaren Health Care Village, which includes a 24/7 emergency center capable of treating high-acuity patients, including those arriving via ambulance. The Oakland County Sherriff's Department-Independence Township Substation responds to emergency calls from the home.

The boiler and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has private water and sewer. An environmental health inspection was completed on 02/17/16 by the Oakland County Health Division and temporary approval was recommended until the next inspection.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All four bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer and it was between 105-120° F.

The home has two primary means of egress. There is a ramp at the front entrance, which is the primary means of egress, and the second means of egress is at ground level. The home is qualified for admission of residents who use a wheelchair. Door alarms are installed on each outside door of the home, providing a noise alert when opened.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.8 x 14	193.2	1
2	13.8 x 16.5	227.5	1
3	15.5 x 10.8	167.4	2
4	15.5 x 10.8	167.4	2

Total capacity: 6

The living room and dining room areas offer a total of 463.2 square feet of living space, which meets the required 35 square feet of living space for six residents.

Based on the above information, it is concluded that this facility can accommodate six 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 New Heights Assisted Living were reviewed and accepted as written. New Heights Assisted Living will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. New Heights Assisted Living will provide long term care to the aged population, including individuals with dementia or Alzheimer's disease.

New Heights Assisted Living will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. New Heights Assisted Living will provide memory care services for those who suffer from dementia or Alzheimer's disease. Trained staff will provide services such as: sensory stimulation, fine and gross motor skill exercises, memory stimulation through music and light, animal therapy, and exercise classes.

New Heights Assisted Living will offer additional in home services that are available through community resources such as visiting physicians, visiting nurses, physical and occupational therapy, and hospice care.

The proposed 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. 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.

C. Applicant and Administrator Qualifications

The applicant is New Heights Assisted Living, LLC, which is a “Domestic Limited Liability Company”, established in Michigan on 04/03/15. The applicant has 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 New Heights Assisted Living, LLC has submitted documentation appointing Sarah Thomas as the licensee designee and administrator of the facility. Ms. Thomas has designated her husband, Julian Thomas, to act as the designated person in her absence.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Thomas. Ms. Thomas submitted a medical clearance request dated 01/12/17 with statements from a physician documenting her good health and current tuberculosis negative results.

Ms. Thomas has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Thomas has an associate degree in mental health/social work from Oakland Community College. She has two years of experience providing private in-home care to elderly clients and one year of experience as the Director of Life Enrichment at an assisted living and memory care facility.

Ms. Thomas 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.

Ms. Thomas acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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) and the related documents required to demonstrate compliance.

Ms. Thomas acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Thomas 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, Ms. Thomas acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Thomas acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Thomas acknowledged the responsibility to obtain the required 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.

Ms. Thomas 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.

Ms. Thomas acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Thomas acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 New Heights Assisted Living, LLC.

Ms. Thomas 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Thomas 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.

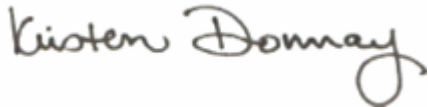
Ms. Thomas acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this adult foster care facility, New Heights Assisted Living, with a capacity of six residents.

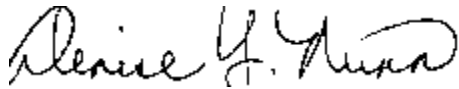


02/15/17

Kristen Donnay
Licensing Consultant

Date

Approved By:



02/21/2017

Denise Y. Nunn
Area Manager

Date