



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 18, 2017

Lura Butler-Engel
Premier Operating Lapeer MC, LLC
1446 Suncrest Drive
Lapeer, MI 48446

RE: Application #:	AL440382836 The Pines Of Lapeer- Memory Care 1446 Suncrest Drive Lapeer, MI 48446
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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 (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL440382836
Licensee Name:	Premier Operating Lapeer MC, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(212) 739-0794
Administrator/Licensee Designee:	Lura Butler-Engel, Designee
Name of Facility:	The Pines Of Lapeer- Memory Care
Facility Address:	1446 Suncrest Drive Lapeer, MI 48446
Facility Telephone #:	(810) 245-9302
Application Date:	05/17/2016
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

01/25/2016	Inspection Completed-Env. Health : A Under license #AL440295904
05/17/2016	On-Line Enrollment
05/27/2016	Comment Change of ownership per e-mail from consultant no BFS or EHI is needed at this time for this facility.
05/27/2016	Contact - Document Sent rules and act sent
05/27/2016	Application Incomplete Letter Sent BCAL-1326a for adm and licensee.
07/29/2016	Contact - Document Received Bcal 3704-AFC with neg TB test for S. Wagner
08/09/2016	Contact - Document Received Amended page one of BCAL-569-C application
08/10/2016	Contact - Document Received BCAL-1326A clearance for S.Wagner
08/12/2016	File Transferred To Field Office Flint/Lapeer
08/23/2016	Application Incomplete Letter Sent
11/17/2016	Contact - Document Sent Licensee designee change form emailed to Laura Engel
11/17/2016	Application Incomplete Letter Sent
12/06/2016	Contact - Document Received Additional documentation received
12/07/2016	PSOR on Address Completed no hits
01/06/2017	Contact - Document Received Additional documentation received
01/23/2017	Inspection Completed-Fire Safety : A Under license # AL440295904

02/16/2017	Contact - Telephone call received Exchanged phone calls with Laura Engel.
03/01/2017	Contact - Document Received Additional information received including change of licensee designee and administrator information
05/10/2017	Inspection Completed On-site
05/10/2017	Inspection Completed-Environmental Health: A
05/10/2017	Inspection Completed-BCAL Full Compliance
05/17/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Pines of Lapeer, Memory Care is located at 1446 Suncrest Drive, Lapeer, Michigan. It is a single story, ranch style building constructed of vinyl and some brick. It consists of 20 private bedrooms. 4 of the bedrooms have attached full bathrooms and the remaining 16 bedrooms have attached ½ bathrooms.

There are two additional full bathrooms for the remaining 16 residents. One of the full bathrooms has a large shower room and the other bathroom has a large walk-in tub. Additionally, there is another ½ bathroom for staff and visitor use.

This facility has a large commercial kitchen, a spacious dining room, two living rooms, a resident beauty parlor, a laundry room and a television/dining room area that residents can utilize for family gatherings and/or private communications. The facility is approximately 11,000 square feet and utilizes public water and sewage.

The furnaces and hot water heaters are located in the mechanical room in the attic with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The mechanical room is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. In addition, the facility is fully sprinkled and is wheelchair accessible.

Resident bedrooms have the following square footage:

Bedroom #	Total Square Footage	Total Resident Beds
1	260	1
2	226	1
3	226	1
4	226	1
5	226	1
6	226	1
7	226	1
8	226	1
9	230	1
10	260	1
11	226	1
12	226	1
13	226	1
14	226	1
15	226	1
16	226	1
17	226	1
18	230	1
19	375	1
20	375	1

The dining room measures 25'9" x 22'9" which is 585.80 square feet. The living rooms in the front of the building measure a total of 16'9" x 14'11" which is 249.80 square feet. The television/dining room area in the back of the building measures 16'5" x 33'7" which is 551.30 square feet. Based on these calculations, there is a total of 1,386.70 square feet of living space which exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents between the ages of 55-99 and whose diagnosis is aged and/or Alzheimer's. 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 ambulatory adults whose diagnosis is aged and/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. If necessary, 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 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 Premier Operating Lapeer, MC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/19/2016. 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 Premier Operating Lapeer, MC, L.L.C. has submitted documentation appointing Lura Butler-Engel as Licensee Designee for this facility and Lura Butler-Engel as the Administrator of the 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 her good health and current TB-tine negative results.

The licensee designee/administrator has 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. 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 –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 IdentoGo website (www.identogo.com) MorphoTrust USA 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/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 temporary license to this adult foster care large group home (capacity of 20).



May 18, 2017

Susan Sells Licensing Consultant	Date
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Approved By:



May 18, 2017

Mary E Holton Area Manager	Date
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