



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 14, 2017

Grace Zimmerman
Auburn Assisted Living, Inc.
10481 W. Buchanan Road
Sumner, MI 48889

RE: Application #: AL290385681
Country Friends Assisted Living
10481 W. Buchanan Road
Sumner, MI 48889

Dear Ms. Zimmerman:

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,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL290385681
Applicant Name:	Auburn Assisted Living, LLC.
Applicant Address:	10481 W. Buchanan Road Sumner, MI 48889
Applicant Telephone #:	(989) 307-2214
Administrator:	Grace Zimmerman
Licensee Designee:	Grace Zimmerman
Name of Facility:	Country Friends Assisted Living
Facility Address:	10481 W. Buchanan Road Sumner, MI 48889
Facility Telephone #:	(989) 584-6219 11/18/2016
Application Date:	
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

11/18/2016	Enrollment
11/29/2016	Lic. Unit file referred for background check review CH-Yes/Grace.
11/29/2016	Application Incomplete Letter Sent FP,RI030,1326A/Daniel.
11/29/2016	Contact - Document Sent Act & Rules.
11/30/2016	Inspection Report Requested - Health 1026368.
01/03/2017	Contact - Telephone call received Grace requesting she be LD, not Daniel. Advised to revise app and send note requesting same to be signed by both Daniel (original applicant) and Grace.
01/09/2017	Contact - Document Received Revised App w Grace as LD-Unsigned & No written request signed by Grace and original applicant-LD Daniel/Jan.3 TC recd.
01/13/2017	Inspection Completed- Env. Health : A
01/19/2017	Contact - Telephone call made Daniel not available, advised Grace/signed revised app and note requesting revision of LD from Daniel to Grace to be signed by both Grace and original applicant-LD Daniel.
01/20/2017	Contact - Document Received Letters signed by Daniel & Grace with revised app, designating Grace as the LD.
01/25/2017	Comment Betsy Montgomery-No Fire Safety to be generated for this Change of Ownership from AL290094971.

01/25/2017	File Transferred To Field Office Mt. Pleasant.
01/31/2017	Application Incomplete Letter Sent
04/17/2017	Inspection Completed-Fire Safety : A
05/18/2017	Application Complete/On-site Needed
05/18/2017	Inspection Completed On-site
05/18/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Friends Assisted Living is a single story “L” shaped ranch on a crawl space foundation with vinyl siding. The facility is located in rural Sumner Michigan, Gratiot County. The facility has 20 private resident rooms. The facility is wheelchair accessible and all entrances are approved means of egress that is equipped with a ramp from the first floor. There are two main entrances at the front of the facility. The first entrance is to the left of the front of the building and upon entering this entrance this is the start of the long part of the “L” and is a hallway to include the facility office, bedrooms #8-11, a sitting room, as you continue down the hall you will enter the main living room and then past the living room are bedrooms #12-20. Off of the living room, there is a set of French doors that open to a porch with a gondola for residents to enjoy. The second entrance at the front of the facility, enters into the kitchen/dining area and goes to bedrooms #1-7, this is the short part of the “L”. The facility has three full bathrooms, all handicap accessible and one half bath.

The facility has a private water and private sewage disposal system and was inspected by the Mid-Michigan District Health Department on 12/20/2016. The facility was determined to be in substantial compliance with all applicable rules.

The fuel oil furnaces and water heaters are accessible from the outside of the facility only. Wall separation from the facility is created by cement block and a fire-rated metal

door that is equipped with an automatic self-closing device and positive latching hardware. Facility is also equipped with a propane generator that automatically turns on after a 30 second delay of power outage.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational or battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility was inspected and determined to be in compliance on 04/17/2017.

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	11.2' X 11.2'	125.44 sq. ft.	1
12-20	11.3' X 8'	90.4 sq. ft.	1
Living Room	20' x 27.2'	544 sq. ft.	
Sitting Room	16' x 15'	240 sq. ft.	
Dining Room	21' x 26'	546	
Kitchen	22' x 28'	616	

The indoor living and dining areas measure a total of 1330 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care up to twenty male and/or female residents who are aged with mild to moderate personal care needs. The applicant does not intend to provide care to individuals who exhibit wandering or aggressive behavior. The program will include social interaction, music, interactive games, reminiscing, exercise programs, outdoor activities, and any other requests of interest to residents. The applicant intends to accept referrals from Place for Mom, Caring. Com, MI Choice Waiver, personal referrals, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. The facility brings in local music groups and piano players. The facility also has a pastor who comes and does a worship service for the residents who are interested and a person who also administers communion to residents. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Auburn Assisted Living, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 04/25/2016. 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. Country Friends Assisted Living is currently an active/operating facility and has been purchased by Auburn Assisted Living, L.L.C with residents in place.

The members of Auburn Assisted Living, L.L.C. have submitted documentation appointing Grace Zimmerman as licensee designee for this facility and Grace Zimmerman as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator, Grace Zimmerman, were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Zimmerman submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Zimmerman has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Zimmerman is currently the administrator who operates this licensed AFC group home. Ms. Zimmerman currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer’s disease and/or various stages of dementia. Ms. Zimmerman has a vast work history, for the past 7 years of working with the aged and disabled population as a direct care specialist and enjoys providing individualized care to years and is looking forward to continuing to do so only on a grander scale. Ms. Zimmerman strongly believes in keeping residents as independent as possible and finding new ways to do this.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff for twenty 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the 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.

The applicant 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 with a capacity of twenty (20) residents.

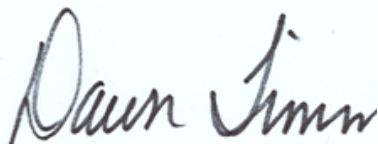


07/05/2017

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



07/14/2017

Dawn N. Timm
Area Manager

Date