



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 8, 2017

Denise Aleardi
Applewood Lane Place, L.L.C.
1750 Sherwood Street
Sylvan Lake, MI 48320

RE: Application #: AS630388971
Applewood Lane Place
240 Applewood Lane
Bloomfield Township, MI 48302

Dear Ms. Aleardi:

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 black ink that reads "Mildred A. Schwarcz".

Mildred A. Schwarcz, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630388971
Applicant Name:	Applewood Lane Place, L.L.C.
Applicant Address:	1750 Sherwood Street Sylvan Lake, MI 48320
Applicant Telephone #:	(734) 788-3000
Administrator/Licensee Designee:	Denise Aleari
Name of Facility:	Applewood Lane Place
Facility Address:	240 Applewood Lane Bloomfield Township, MI 48302
Facility Telephone #:	(734) 788-3000
Application Date:	06/15/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

06/15/2017	Enrollment
06/22/2017	Contact - Document Sent Rule & Act booklets
06/22/2017	Contact - Document Received Record clearance for Denise Aleardi (Licensee Designee and Administrator)
06/23/2017	Contact - Document Received Licensing file received from Central office
06/27/2017	Application Complete/On-site Needed
06/27/2017	Inspection Completed On-site
07/07/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a single story, ranch style home, with brick exterior. It is located in the township of Bloomfield, in a residential neighborhood with similar type single family dwellings. The facility is within a mile from restaurants, pharmacy, and retail shopping. It is within a couple of miles from a hospital. Other community resources are also within a short driving distance from the facility, such as places of worship, local museums, and public libraries.

The facility, Applewood Lane Place, has a two car attached garage. It has a driveway in the front and a driveway on the side of the house, thus providing adequate off street parking for staff and visitors. The front yard and the backyard are nicely landscaped. The facility utilizes the municipal water supply and sewage disposal system.

The facility has three double occupancy bedrooms, two full bathrooms, one half bathroom, a living room, a dining room, a kitchen, a small sitting area, and a laundry room. One of the bathrooms adjoins bedroom #3.

The furnace and hot water heater are located off of the kitchen, on the main floor, same floor as the resident living area. The furnace enclosure room is constructed of material that has a 1-hour-fire-resistance rating. The room is equipped with a 1¾ inch solid core wood door with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4" x 12'5" minus 3'4" x 6'6"	143	2
2	14'7" x 10'	147	2
3	14'8" x 10'8"	156	2

The living and dining room areas measure a total of 508 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 **six** (6) male or female ambulatory adults, aged 60 and over, and/or with a diagnosis of Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and sensory stimulation. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, whenever appropriate. Residents will be referred from local hospitals, nursing homes, rehabilitation facilities, local churches, other community agencies and other private referral sources.

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, if applicable.

The licensee will provide and/or arrange for 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 Applewood Lane Place, L.L.C., which is a "Domestic Limited Liability Company" established in Michigan on 05/24/2017. On 06/15/2017, the applicant submitted an application to provide adult foster care services as a small group home at 240 Applewood Lane, Bloomfield Township, Michigan. This location was previously licensed, AS630381372. This license was closed on 06/09/2017. The license remained in continuous effect, for the purpose of compliance with licensing rules. At the time of the initial onsite inspection, there were four residents in the home. These residents remained in the home after the closure of the previous license.

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 Applewood Lane Place, L.L.C. has submitted documentation appointing Denise Aleari as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Aleari, the licensee designee and administrator. Ms. Aleari submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

Ms. Aleari provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She submitted verification of the required educational requirements, experience and training. Ms. Aleari has over 20 years of experience overseeing and managing programs for the elderly. She has operated four licensed adult foster care facilities in the state of Michigan since 2003. Ms. Aleari is licensee designee for Continuing Care Services, LLC and for The Aleari Inn, LLC.

The 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. All staff shall be awake during sleeping hours.

Ms. Aleari acknowledged 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.

Ms. Aleari 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Aleari acknowledged 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, Ms. Aleari 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. Aleari acknowledged 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, Ms. Aleari acknowledged 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.

Ms. Aleardi acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Aleardi indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Aleardi acknowledged 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. Ms. Aleardi 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.

Ms. Aleardi acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Aleardi acknowledged 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, Ms. Aleardi acknowledged 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.

Ms. Aleardi acknowledged 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 facility is determined to be in full compliance with all applicable licensing rules and statutory requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).

Mildred A. Schwarcz

07/07/2017

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

08/08/2017

Denise Y. Nunn
Area Manager

Date