



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 13, 2017

Amie Pagano
Suncrest Senior Living, LLC
1134 Chestnut Lane
South Lyon, MI 48178

RE: Application #: AS630389499
Suncrest Senior Living
25390 Wixom Rd
Novi, MI 48374

Dear Ms. Pagano:

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 four (4) 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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS630389499

Applicant Name: Suncrest Senior Living, LLC

Applicant Address: 1134 Chestnut Lane
South Lyon, MI 48178

Applicant Telephone #: 248-207-5378

Administrator/Licensee Designee: Amie Pagano

Name of Facility: Suncrest Senior Living

Facility Address: 25390 Wixom Rd
Novi, MI 48374

Facility Telephone #: (248) 207-5378

Application Date: 07/13/2017

Capacity: 4

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

07/13/2017	Enrollment
07/21/2017	Application Incomplete Letter Sent 1326 for Amie
08/02/2017	Contact - Document Received 1326 for Amie
08/03/2017	File Transferred To Field Office Pontiac
08/07/2017	Contact - Document Received Licensing file received from Central office
08/09/2017	Application Incomplete Letter Sent
08/24/2017	Contact - Document Received Received documentation from Amie Pagano
08/25/2017	Contact - Document Sent Requested missing documentation
08/31/2017	Contact - Document Received Received documentation from Amie Pagano
09/11/2017	Contact - Document Received Received documentation from Amie Pagano
09/13/2017	Application Complete/On-site Needed
09/13/2017	Contact - Document Sent Emailed Amie Pagano to schedule an on-site inspection
09/20/2017	Inspection Completed On-site
09/20/2017	Inspection Completed-BCAL Sub. Compliance
09/22/2017	Inspection Completed On-site
09/22/2017	Inspection Completed-BCAL Sub. Compliance
10/03/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch styled home located in the city of Novi. The main level of the facility consists of a kitchen, dining area, living room, laundry room, one full bathroom, and three resident bedrooms. There is also another full bathroom attached to one of the resident bedrooms. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes public and sewage.

The gas furnace and hot water heater are located in the basement with a 1³/₄ inch solid core door equipped with an automatic self-closing device and positive-latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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	10'11" x 11'1"	120.99	1
2	11'2" x 11'1"	123.76	1
3	17'4" x 12'4"	213.68	2

Total capacity: 4

The living, dining, and sitting room areas measure a total of 454.88 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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 the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** male or female ambulatory adults whose diagnosis is aged 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. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept private pay

individuals.

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 licensee will provide 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 Suncrest Senior Living, LLC, which is a “Domestic Limited Liability Company” was established in Michigan, on 11/16/2016. Suncrest Senior Living, LLC 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 members of Suncrest Senior Living, LLC have submitted documentation appointing Amie Pagano as Licensee Designee and Administrator of the facility. Ms. Pagano has been the licensee/administrator of adult foster care facility Suncrest Adult Care Home (license # AS630337237) since 05/08/2013. She is competent in nutrition, first aid, cardiopulmonary resuscitation, foster care, safety and fire prevention, financial and administrative management, resident rights, and prevention and containment of communicable diseases. In addition, Ms. Pagano has over one year of experience working with the aged and Alzheimer’s populations.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator Amie Pagano. Ms. Pagano submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Pagano 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 6 bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. Ms. Pagano acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Pagano has indicated that direct care staff will be awake during sleeping hours.

Ms. Pagano acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Pagano 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. Pagano 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. Pagano 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. Pagano 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. Pagano acknowledged their 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. Pagano acknowledged their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Ms. Pagano acknowledged their responsibility to obtain the required written assessment, 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. Pagano acknowledged their 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. Pagano acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Pagano

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.

Ms. Pagano 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. Pagano indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Pagano 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. Pagano 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.

Ms. Pagano 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.

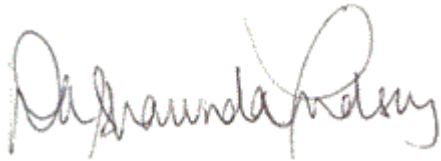
Ms. Pagano acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The licensee designee/administrator Amie Pagano 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 small group facility (capacity 1-4).

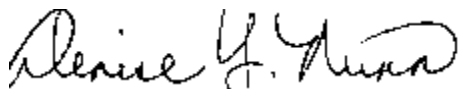


DaShawnda Lindsey
Licensing Consultant

10/03/2017

Date

Approved By:



Denise Y. Nunn

10/13/2017

Date

Area Manager