



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2017

Mr. Daryl Miron
Lakeview Assisted Living, LLC
1100 N Lake Shore Dr
Gladstone, MI 49837

RE: Application #: AL210386348
Lakeview Assisted Living IV, LLC
1100 N. Lake Shore Drive
Gladstone, MI 49837

Dear Mr. Miron:

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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL210386348
Applicant Name:	Lakeview Assisted Living, LLC
Applicant Address:	1100 N Lake Shore Dr Gladstone, MI 49837
Applicant Telephone #:	(906) 428-7000
Administrator/Licensee Designee:	Daryl Miron, Administrator
Name of Facility:	Lakeview Assisted Living IV, LLC
Facility Address:	1100 N. Lake Shore Drive Gladstone, MI 49837
Facility Telephone #:	(906) 428-7000
Application Date:	12/26/2016
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

12/26/2016	Enrollment
01/10/2017	Inspection Report Requested - Fire
01/24/2017	Application Complete/On-site Needed
07/20/2017	Inspection Completed On-site Initial walk through - policy consultation.
07/20/2017	Contact - Document Received Zoning compliance letter dated 07/19/2017.
08/16/2017	Inspection Completed On-site Status walk through.
11/28/2017	Inspection Completed On-site Final walk through.
11/28/2017	Contact - Document Received Policies, schedules, house rules submitted.
12/20/2017	Inspection Completed-BCAL Full Compliance Final walk through and environmental inspection completed.
12/21/2017	Inspection Completed-Fire Safety Fire Safety: A Rating

III. DESCRIPTION OF FINDINGS & CONCLUSION

A. Physical Description of Facility

The facility is a large (16,756 square foot), new construct located north of the city of Gladstone. The facility is adjacent to Lakeview Assisted Living I and II which are licensed 19 and 20 capacity homes (#AL210259500 and #AL210302204). The property sits on the south shore of Lake Michigan. The building is constructed and beautifully decorated specifically for persons with memory care issues including dementia and Alzheimer's disease. The hallways in the facility are in a "loop" formation so there is never a stop point for those suffering from the diseases mentioned above. Exterior doors are secured with a time release for safety and security of the residents.

The building is constructed with a complete automatic fire sprinkling system and it is serviced by municipal water and sewage.

The facility is a total barrier-free, single story home with three central living/seating areas. The two main central living areas have high vaulted ceilings emitting natural

light, and the main area has a large stone gas fireplace. The main central living area has a large dining/multi-purpose room. In addition, there is a bistro-type snack area and a fully equipped beauty salon. There is a small kitchen in the facility, however meals are prepared in the large kitchen of Lakeview Assisted Living I and will be delivered to the adjacent facility. The facility also has large outdoor courtyard garden/seating areas that are gated for resident enjoyment.

On each side of the central living areas are wings of resident living units. Each unit consists of a bedroom with a full bathroom. Each unit has a kitchen area (no stoves or ovens) and an individual thermostat for temperature control. All units are equipped with an “emergency call system” in both the bedroom and bathroom areas. Bedroom units have the following dimensions minus the bathroom areas:

Bedroom #1	553 sq. ft.	Approved capacity 1
Bedroom #2	349 sq. ft.	Approved capacity 1
Bedroom #3	349 sq. ft.	Approved capacity 1
Bedroom #4	349 sq. ft.	Approved capacity 1
Bedroom #5	408 sq. ft.	Approved capacity 1
Bedroom #6	408 sq. ft.	Approved capacity 1
Bedroom #7	340 sq. ft.	Approved capacity 1
Bedroom #8	772 sq. ft.	Approved capacity 1
Bedroom #9	339 sq. ft.	Approved capacity 1
Bedroom #10	339 sq. ft.	Approved capacity 1
Bedroom #11	398 sq. ft.	Approved capacity 1
Bedroom #12	338 sq. ft.	Approved capacity 1
Bedroom #13	338 sq. ft.	Approved capacity 1
Bedroom #14	383 sq. ft.	Approved capacity 1
Bedroom #15	383 sq. ft.	Approved capacity 1
Bedroom #16	338 sq. ft.	Approved capacity 1
Bedroom #17	338 sq. ft.	Approved capacity 1
Bedroom #18	347 sq. ft.	Approved capacity 1
Bedroom #19	347 sq. ft.	Approved capacity 1
Bedroom #20	343 sq. ft.	Approved capacity 1

The home has ample square footage necessary to accommodate up to 20 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee’s responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 12/21/2017 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final environmental inspection was completed by this consultant on 12/20/2017.

The Licensee, Lakeview Assisted Living, LLC, has two other licensed large adult foster care home adjacent to the proposed facility (Lakeview Assisted Living I -

#AL210259500 and Lakeview Assisted Living II – #AL210302204) that have been licensed since 2004 and 2014 respectively.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Traumatic Brain Injured (TBI), and/or suffer from memory issues such as dementia and Alzheimer's disease. The admission policy, program statements (including specific Alzheimer residents), discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults with memory care issues and to promote each individual in maintaining an active and enjoyable life. In addition, all staff are trained using "Second Wind Dreams", a state-of-the-art virtual comprehensive training program to understand residents' perceptions living with dementia in long term care.

The facility offers an on-site hair salon, outdoor landscaped areas, and a baby grand piano in addition to other amenities. The facility encourages family involvement and intends to sponsor other activities such as holiday celebrations, birthday parties, movies, exercise classes, shopping trips, fall color tours, musicians, etc.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Daryl Miron, the licensee/administrator. Mr. Daryl Miron submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Miron has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 20-bed facility is adequate and will be based on individual resident assessments, but will include a minimum of 4 staff per 20 residents on the awake-shift, and 2 staff to 20 residents during the sleep shift.

The licensee 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.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked room and that daily medication logs will be maintained on each resident receiving medication.

The licensee 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, the licensee 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 the documents contained within each employee's file.

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

The licensee 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. The licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

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 (capacity 20).



12/21/2017

Theresa Norton
Licensing Consultant

Date

Approved By:



12/21/2017

Jerry Hendrick
Area Manager

Date