



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 #: AM210386346
Lakeview Assisted Living III, 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 12 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 #:	AM210386346
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 III, LLC
Facility Address:	1100 N. Lake Shore Drive Gladstone, MI 49837
Facility Telephone #:	(906) 428-7000
Application Date:	12/27/2016
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

12/27/2016	Enrollment
01/10/2017	Application Incomplete Letter Sent 1326 for Daryl
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, etc, received.
12/20/2017	Inspection Completed On-site Final walk through and environmental inspection completed.
12/21/2017	Inspection Completed-Fire Safety : A
12/21/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large (7004 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 facility is beautifully furnished and comfortable.

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 a central living area. The central living area has a dining area and a large stone fireplace. There is also a large (290 square feet) library room available for resident use. There is a small bistro-type 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.

There are six (6) resident living units. Each unit consists of a bedroom with a full bathroom. Each unit has a kitchen area and an individual thermostat for temperature control. All units are equipped with an “emergency call system”. Bedroom units have the following dimensions minus the bathroom areas:

Bedroom #1	400 sq. ft.	Approved capacity 2
Bedroom #2	815 sq. ft.	Approved capacity 2
Bedroom #3	408 sq. ft.	Approved capacity 2
Bedroom #4	393 sq. ft.	Approved capacity 2
Bedroom #5	425 sq. ft.	Approved capacity 2
Bedroom #6	393 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 12 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 homes 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 Alzheimer 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 and to promote each individual in maintaining an active and enjoyable life.

The facility offers an on-site hair salon in addition to other amenities. The facility intends to sponsor other activities such as exercise, bingo, 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 12-bed facility is adequate and will be determined by the resident assessments. The facility will provide a minimum of 2 staff per 12 residents on the awake-shift, and 1 staff to 12 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 cabinet 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 medium group home (capacity 12).



12/21/2017

Theresa Norton
Licensing Consultant

Date

Approved By:



12/21/2017

Mary E Holton
Area Manager

Date

