



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 15, 2017

Casey Somerville
Grace Pointe Assisted Living LLC
5130 Edgelake Dr
Pinckney, MI 48169

RE: Application #: AS470389158
Grace Pointe Assisted Living
1575 Kellogg
Brighton, MI 48114

Dear Ms. Somerville:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS470389158
Licensee Name:	Grace Pointe Assisted Living LLC
Licensee Address:	5130 Edgelake Dr Pinckney, MI 48169
Licensee Telephone #:	(734) 564-6455
Licensee Designee:	Casey Somerville
Name of Facility:	Grace Pointe Assisted Living
Facility Address:	1575 Kellogg Brighton, MI 48114
Facility Telephone #:	(810) 522-5753
Application Date:	07/01/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

07/01/2017	On-Line Enrollment
07/05/2017	Inspection Report Requested - Health Inv. #1027136
07/05/2017	Contact - Document Sent Rule & Act booklets
07/05/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for Casey; rec cl for Rachael (Admin)
07/11/2017	Contact - Document Received App; rec cl's for Casey (LD) & Rachael (Admin)
07/13/2017	Contact - Document Received Livescan request & FP's for Casey
07/21/2017	File Transferred To Field Office Det
08/02/2017	Inspection Completed-Env. Health : A
08/07/2017	Application Incomplete Letter Sent
09/13/2017	Application Complete/On-site Needed
10/04/2017	Inspection Completed-BCAL Full Compliance
10/18/2017	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story ranch-style home located in the city of Brighton. There are four bedrooms and two bathrooms dedicated for resident use on the main floor. The living area, dining area, kitchen, and laundry room/medication room are located on the main floor of the home. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. The facility has a private water supply and private sewage system. The facility received an A rating from the Livingston County Health Department on 07/17/2017.

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. Smoke detectors have been installed near sleeping areas, and throughout the main floor of the home.

There is one furnace and one water heater located in the basement of the facility powered by natural gas. The furnace and water heater are separated by a fire-rated wooden door equipped with an automatic self-closing device and positive latching hardware.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' X 11'	165	One
2	15' X 14	210	Two
3	11' X 11'	121	One
4	17' X 15'	255	Two

The facility contains a dining area measuring 170 square feet, family room measuring 300 square feet and living room measuring square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents 60 years of age and older, aged and who may or may not suffer from Alzheimer's.

The overall philosophy of the facility is to provide care and supports to persons living with Alzheimer's or other memory impairment in a nurturing environment that will engage residents in activities and interactions that promote wellbeing.

The applicant intends to utilize the resident health care appraisal, interview and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs.

The facility has an assessment tool to assess the needs of each resident and establish a plan of care. The assessment tool is completed by the facility administrator with the assistance of the residents' family member or responsible party. The assessment tool enables the facility to assess the level of care needed in several areas, including bathing, grooming, elimination, bowel, orientation, oral care, vision/hearing, speech, mobility, transfer needs, diet, feeding, and special equipment or other needs. If needed by residents, behavior interventions and specialized interventions will be identified in resident assessment plans. All interventions will be implemented only by staff trained in the intervention techniques.

Residents will be engaged in a home like family setting, participate in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living.

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 library, parks, lakes, museums, shopping centers, festivals, fairs, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications

The applicant is Grace Pointe Assisted Living LLC a Domestic Limited Liability Company established in Michigan in on 04/10/2017. 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 Grace Point Assisted LLC has submitted documentation appointing Casey Sommerville as licensee designee and Kelly Sitler as the administrator of this facility.

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The licensee designee Casey Somerville holds a Bachelor of Science Degree in Family Studies and is a Certified Family Life Educator. Ms. Sommerville's areas of focus have included human growth and development across the life span, inter-relationships of families, society, and aging populations. Ms. Sommerville has provided care to a family member diagnosed with Dementia for approximately 2 years.

The administrator Kelly Sitler is a medical assistant and has 20 years of experience in the areas of working with aged populations including, Dementia, Alzheimer's, Parkinson's Disease and Huntington's Disease. Ms. Sitler has experience as an assistant director and administrator in a skilled nursing center/memory care facility. Ms. Sitler has been self-employed for the last 5 years in the area of hospice care.

The staffing pattern for the original license of this six (6)-bed facility is adequate and includes a minimum of one (1) staff for six (6) residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 or 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(s) 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, 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.

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.

