



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 12, 2018

Sheryl Carson
The Winchester Assisted Living & Respite Home LLC
6795 Glenway Dr
W. Bloomfield, MI 48322

RE: Application #: AS630389543
The Winchester Assisted Living & Respite Home LLC
3089 Winchester
West Bloomfield, MI 48322

Dear Ms Carson:

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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630389543
Licensee Name:	The Winchester Assisted Living & Respite Home LLC
Licensee Address:	6795 Glenway Dr. W. Bloomfield, MI 48322
Licensee Telephone #:	(313) 790-4032
Administrator/Licensee Designee:	Sheryl Carson
Name of Facility:	The Winchester Assisted Living & Respite Home LLC
Facility Address:	3089 Winchester West Bloomfield, MI 48322
Facility Telephone #:	(313) 790-4032
Application Date:	07/25/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

07/25/2017	On-Line Enrollment
07/26/2017	Contact - Document Sent Rules and Acts Books
10/25/2017	Contact - Telephone call received Administrator asst. called, indicated they did not receive the App incomplete, sent it to them via fax (313) 931-3982
11/01/2017	File Transferred to Field Office Pontiac
11/03/2017	Contact - Document Received Licensing file received from Central office
11/06/2017	Application Incomplete Letter Sent Mailed application incomplete letter
11/27/2017	Contact - Document Received Program statement, home deed, organizational chart
12/11/2017	Contact - Telephone call made Scheduled onsite inspection
12/12/2017	Application Incomplete Letter Sent
12/19/2017	Inspection Completed On-site
12/19/2017	Inspection Completed-BCAL Sub. Compliance
12/19/2017	Corrective Action Plan Received
12/19/2017	Corrective Action Plan Approved
12/21/2017	Application Incomplete Letter Sent
12/28/2017	CAP Compliance Verification
01/12/2018	Contact - Document Received Physical, policies, and procedures
01/30/2018	Contact - Document Received TB testing
02/22/2018	Contact - Document Sent Email to licensee designee

03/01/2018	Contact - Document Received Alzheimer's program statement, letter of authorization
03/01/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

The Winchester Assisted Living & Respite Home LLC is located in a residential area at 3089 Winchester, West Bloomfield, MI 48322. The home is a single story, brick structure with a full basement and an attached two car garage. The first floor of the home consists of a living room, dining room, kitchen, two full bathrooms, two half bathrooms, four bedrooms, and an office area.

The Winchester Assisted Living & Respite Home is located 5 miles away from Henry Ford West Bloomfield Hospital, which includes a 24/7 emergency department. The West Bloomfield police department will respond to emergency calls from the home.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer and it was between 105-120° F.

Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.7 x 12.8	149.8	2
2	10 x 12.8	128	2
3	11 x 11.25	112.5	1
4	13.4 x 15	201	1

Total capacity: 6

The living room and dining room areas offer a total of 669 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

Based on the above information, it is concluded that this facility can accommodate six 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 Winchester Assisted Living & Respite Home were reviewed and accepted as written. The Winchester Assisted Living & Respite Home will provide supervised services twenty-four hours per day, seven days a week to residents in need of short and long-term care in a home-like residential setting. The Winchester Assisted Living & Respite Home will also provide respite care. Services will be provided in the least restrictive environment designed to establish, reestablish, or maintain optimal functioning for persons with short term medical needs, morbid obesity, developmental disabilities, mental illness, traumatic brain injury, dementia, and Alzheimer's disease.

The Winchester Assisted Living & Respite Home will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. The Winchester Assisted Living & Respite Home will provide memory care services for those who suffer from dementia or Alzheimer's disease. Staff will engage residents in activities including playing games, watching movies, participating in music therapy, arts and crafts, exercise, and socialization skills. Residents will also have opportunities to access the community by going to restaurants, shopping centers, museums, and the movie theater.

The proposed 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. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

C. Applicant and Administrator Qualifications

The applicant is The Winchester Assisted Living & Respite Home LLC, which is a “Domestic Limited Liability Company”, established in Michigan on 05/07/15. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Winchester Assisted Living & Respite Home LLC has appointed Sheryl Carson as the licensee designee and administrator of the facility.

Licensing record clearance requests were completed with no LEIN convictions recorded for Ms. Carson. Ms. Carson/licensee designee submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Carson meets the qualifications and training requirements identified in the administrative group home rules. Ms. Carson has over 35 years of experience working in adult foster care facilities and has been previously approved as a licensee designee/administrator.

Ms. Carson 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. Carson acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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.

Ms. Carson acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the Ms. Carson 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. Carson 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, Ms. Carson acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Carson 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.

Ms. Carson 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.

Ms. Carson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Carson acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by The Winchester Assisted Living & Respite Home , LLC.

Ms. Carson 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Carson acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Carson 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.

C. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this adult foster care facility, The Winchester Assisted Living & Respite Home LLC, with a capacity of six residents.

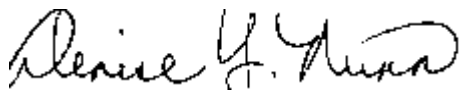


03/06/018

Kristen Donnay
Licensing Consultant

Date

Approved By:



03/12/2018

Denise Y. Nunn
Area Manager

Date