



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 7, 2018

Rachel Bartlett  
Pioneer Golden Estates Inc  
312 McGuirk Dr.  
Clare, MI 48617

RE: Application #: AL180392022  
**Pioneer Golden Estates Assisted Living**  
**312 McGuirk Dr.**  
**Clare, MI 48617**

Dear Mrs. Bartlett:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AL180392022
<b>Applicant Name:</b>	Pioneer Golden Estates Inc
<b>Applicant Address:</b>	312 McGuirk Dr. Clare, MI 48617
<b>Applicant Telephone #:</b>	(989) 903-5405
<b>Administrator/Licensee Designee:</b>	Rachel Bartlett, Designee
<b>Name of Facility:</b>	Pioneer Golden Estates Assisted Living
<b>Facility Address:</b>	312 McGuirk Dr. Clare, MI 48617
<b>Facility Telephone #:</b>	(989) 903-5405
<b>Application Date:</b>	12/21/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

12/21/2017	Enrollment
01/08/2018	Inspection Report Requested - Fire
01/08/2018	Contact - Document Sent Fire safety string
01/08/2018	File Transferred to Field Office mt. pleasant
07/13/2018	Contact - Telephone call received Rachel - requests onsite 8/2/18.
07/13/2018	Application Incomplete Letter Sent
08/02/2018	Inspection Completed On-site
08/03/2018	Contact - Document Received Email from BFS inspector re: stove hood suppression approval still needed.
08/03/2018	Contact - Document Received Revised policies, statements, and agreements as required.
08/07/2018	Inspection Completed-Fire Safety: A
08/07/2018	Inspection Completed-BCAL Full Compliance
08/07/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Pioneer Golden Estates Assisted Living is a 20-bed, newly-constructed single story, traditional style facility in a landscaped setting located on the north edge of Clare, Michigan. The property is owned by Bartlett Farms Investment Inc. The building, of standard commercial wood construction with stone and vinyl siding, is designed to be easily accessible. The facility is contiguous with a licensed Memory Care facility and with a section of independent-living apartments. Shopping, medical care including hospital, and other community services are located in Clare. The facility has a beauty salon and activity/community room for the convenience of the residents. A large commercial kitchen will provide meals for residents of this facility and for the adjacent Memory Care facility. The facility has a large centrally-located living room area (21' x

31') and dining room (28' x 26.5'), laundry room, offices, guest lavatory, and conference room. All exits from the building are at ground level and the facility is fully-accessible for persons using wheelchairs. The facility utilizes city water and sewer systems.

The natural gas forced-air furnace and hot water heater are located on the main floor with a self-closing, 1-3/4-inch solid core 1-hour fire-rated door in a room that is constructed of material that has a 1-hour fire resistance rating. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility has an alarm system and sprinkler system, and the facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. Final approval for the facility was issued by the local building authority on 7/18/18.

The resident bedrooms consist of 10 Studio units, two of which are barrier free, and 10 one-bedroom units (with separate living/dining space). All of the resident bedrooms have private bathrooms. The 10 Studio units have bedroom space measuring 13.5' x 13' (135 sq. ft.) with additional space in the kitchenette area and private bath. The 10 one-bedroom units have bedrooms measuring 11.6' x 13.5' (158 sq. ft.) with separate kitchenette, living/dining room, and bathroom. Each unit is suitable for one resident.

The common living and dining areas measure a total of 1,393 square feet of living Space, not counting the activity room. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **Twenty (20)** residents in need of adult foster care due to advanced age or physical disability. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is wheelchair accessible.

## **B. Program Description**

Pioneer Golden Estates, Inc. intends to provide 24-hour supervision, protection and personal care to 20 male or female residents who are aged (60 years of age or older) or physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal support plan will be designed and implemented according to each resident's needs. Residents may be referred from: Council on Aging, local Home Health Care Providers, the local hospitals, etc.

In addition to the above program elements, it is the intent of Pioneer Golden Estates to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents.

The facility will provide transportation for all facility-sponsored activities at no cost. Transportation for medical appointments and other resident needs is available at

additional cost or may be provided by a resident's family or through public transportation.

### **C. Applicant and Administrator Qualifications**

The applicant is Pioneer Golden Estates, Inc., which is a "For-Profit Corporation" established in Michigan, on 05/10/2017. 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 corporation submitted a letter from the Board appointing Rachel Bartlett as the licensee designee and administrator for the facility.

A licensing record clearance request was completed with no lien convictions recorded for the Ms. Bartlett. Ms. Bartlett also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Ms. Bartlett provided documentation demonstration that she meets the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this **20**-bed facility is adequate and includes a minimum of **1** staff –to- **10** residents per shift. All staff shall be awake during sleeping hours.

The applicant(s) 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(s) acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant(s) 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(s) *or 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 (s) 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 (s) 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(s) 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(s) acknowledge 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(s) 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 (s) 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(s) 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 (s) indicated the intent to respect and safeguard these resident rights.

The applicant(s) 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.

The applicant(s) 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.

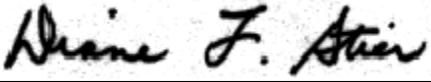
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 six-month temporary license to this adult foster care large group home with a capacity of 20.

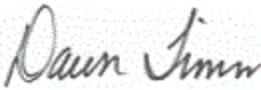


Diane L Stier  
Licensing Consultant

August 7, 2018

Date

Approved By:



08/07/2018

Dawn N. Timm  
Area Manager

Date