



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 13, 2018

Paul Meisel  
Oscoda Assisted Living, LLC  
219 Church St.  
Auburn, MI 48611

RE: Application #: AL350390822  
Oscoda Assisted Living, LLC  
5113 Cedar Lake Rd.  
Oscoda, MI 48750

Dear Mr. Meisel:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL350390822
<b>Applicant Name:</b>	Oscoda Assisted Living, LLC
<b>Applicant Address:</b>	5113 Cedar Lake Road Oscoda, MI 48750
<b>Applicant Telephone #:</b>	989-450-8323
<b>Administrator/Licensee Designee:</b>	Paul Meisel, Designee
<b>Name of Facility:</b>	Oscoda Assisted Living, LLC
<b>Facility Address:</b>	5113 Cedar Lake Rd. Oscoda, MI 48750
<b>Facility Telephone #:</b>	(989) 450-8323
<b>Application Date:</b>	10/05/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODOLOGY

10/05/2017	Enrollment
10/10/2017	Inspection Report Requested - Fire
10/10/2017	Contact - Document Sent fire safety string
10/10/2017	Contact - Document Sent rule and act books
10/10/2017	File Transferred To Field Office Gaylord
02/08/2018	Application Incomplete Letter Sent
07/19/2018	Inspection Completed-Fire Safety : A
08/09/2018	Application Complete/On-site Needed
08/09/2018	Inspection Completed-Env. Health : A
08/09/2018	Inspection Completed On-site
08/09/2018	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a newly constructed single-story building, with basement, located in Oscoda. The facility consists of three sitting areas, dining area, kitchen, office, laundry room, salon, medication room, two full bathroom/shower rooms, lobby area and half-bathroom. There are 20 resident rooms and two additional rooms that will only be utilized for family or guests of relatives in need of occasional overnight accommodations. The licensee agreed that at no time would they exceed their licensed capacity of 20 residents. The licensee acknowledged that they are ultimately responsible for the safety of all residents when allowing any overnight guests at the facility. Eight of the resident rooms have full bathrooms, 12 of the resident rooms have half bathrooms. The facility is barrier free with three means of egress at street floor level.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The home utilizes city water and sewer.

On 07/19/2018 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-12	12'6 X 23'	240	1
15-18	15'9 X 22'	346	1
19-22	12' X 24' + 10' X 12'6"	413	1

The living, dining, and sitting room areas measure a total of 3135 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **20** 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 facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **20** male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a developmental disability, a physical handicap, and those diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the resident's person-centered plan.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the

responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

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

The applicant is Oscoda Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 5/18/2017. 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 Oscoda Assisted Living, L.L.C. has submitted documentation appointing Paul Meisel as Licensee Designee and Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has provided documentation to satisfy 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 2 staff -to- 20 residents per shift during awake hours and 2 staff -to-20 residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee record to demonstrate compliance.

The applicant acknowledges 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 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 acknowledges their 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 with residents. In addition, the applicant acknowledges 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 applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 the required forms and signatures to be completed for each resident on an annual basis.

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

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledges 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.

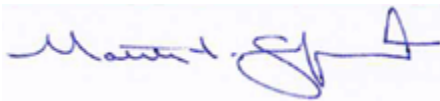
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).



08/13/2018

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



08/13/2018

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Jerry Hendrick  
Area Manager

Date