



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 31, 2018

Kari Sexton  
Sage Creek Senior Living LLC  
PO Box 69  
Metamora, MI 48455

RE: Application #: AL740375736  
**Sage Creek Senior Living, LLC**  
**11849 Belle River Road**  
**Memphis, MI 48041**

Dear Ms. Sexton:

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 19 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 blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 835-6827

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AL740375736
<b>Licensee Name:</b>	Sage Creek Senior Living LLC
<b>Licensee Address:</b>	11849 Belle River Road Memphis, MI 48041
<b>Licensee Telephone #:</b>	(810) 533-8940
<b>Administrator/Licensee Designee:</b>	Kari Sexton
<b>Name of Facility:</b>	Sage Creek Senior Living, LLC
<b>Facility Address:</b>	11849 Belle River Road Memphis, MI 48041
<b>Facility Telephone #:</b>	(810) 533-8940
<b>Application Date:</b>	03/31/2015
<b>Capacity:</b>	19
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

03/31/2015	On-Line Enrollment
04/08/2015	Inspection Report Requested - Health Inv. #1024157
04/08/2015	Inspection Report Requested - Fire
04/08/2015	Contact - Document Sent Fire Safety String
04/08/2015	Contact - Document Sent Rules & Act booklets
04/09/2015	Application Incomplete Letter Sent Rec cl & FP's for Kari, rec cl for Admin
04/16/2015	Comment FP's for Kari
04/20/2015	Contact - Document Received Rec cl's for Kari & Paula
04/20/2015	Contact - Document Sent SOS ltr for Paula L
04/20/2015	Lic. Unit file referred for background check review Paula L - RS
04/24/2015	Application Complete/On-site Needed
04/28/2015	Contact - Document Received Licensing file received from Central office
05/11/2015	Application Incomplete Letter Sent
10/20/2015	Inspection Completed-Env. Health: A
01/22/2016	Inspection Completed-Env. Health: A
02/28/2016	Contact - Document Received Several documents received via email including admission policy, permission to enter, personnel policies, staff schedule and training, electrical and heating inspections, house rules, refund and fee policies, and CPR and First Aid training for Paula Litteral and Kari Sexton.

02/29/2016 Application Incomplete Letter Sent  
Letter sent via email to Ms. Sexton regarding documents still needed.

12/16/2016 Contact - Document Received  
Applicant sent materials to office

03/14/2017 Inspection Completed-Fire Safety: A  
Final approval from Fire Safety. Fire Safety approved temporary on 3/9/17.

04/06/2017 Contact - Document Received  
Received documentation from Ms. Sexton.

04/13/2017 Contact - Document Sent  
E-mail sent to Ms. Sexton.

05/04/2017 Contact - Document Sent  
E-mail sent to Ms. Sexton.

05/18/2017 Inspection Completed On-site  
Plan on converting office to resident bedroom.

05/23/2017 Contact - Document Received  
Received documentation from Ms. Sexton.

07/20/2017 Contact - Document Received  
Received documentation from Ms. Sexton.

11/06/2017 Contact - Document Received  
Received documentation from Ms. Sexton.

11/07/2017 Inspection Completed-Fire Safety: A

05/08/2018 Contact - Document Received  
Received e-mail from Ms. Sexton.

08/29/2018 Contact - Document Sent  
E-mail sent to fire marshal Mr. Connell.

08/30/2018 Contact - Document Received  
Received documentation from Fire Marshal Connell.

08/30/2018 Inspection Completed-BCAL Full Compliance

08/30/2018      Recommend License Issuance

09/19/2018      Inspection Conducted by St. Clair County Env. Health

10/23/2018      Inspection Completed – Env. Health: A  
 Received environmental health inspection report from St. Clair  
 County Health Department.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Sage Creek Senior Living is located at 11849 Belle River Road in Memphis. The center is a remodeled single-story structure that is wheelchair accessible. The center consists of a dining room, kitchen, medication room, and multiple sitting/lounge areas overlooking the home's 11 rolling wooded acres. There is a total of ten bedrooms with three full bathrooms located near the bedrooms.

The furnace and hot water heater are located on the first floor with a solid core door which has a 2-hour-fire-resistance rating equipped with an automatic self-closing device and positive latching hardware. Sage Creek Senior Living is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There is also a fire suppression sprinkler system installed and fire extinguishers placed throughout the home that was inspected and approved by the Bureau of Fire Services on 3/14/2017 and 11/7/17. There is an on-demand generator in case of emergencies.

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

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
Bedroom #1	13'10" x 13'6" plus 2'7" x 3'6"	196 sq. ft.	2
Bedroom #2	21' x 13'2"	277 sq. ft.	2
Bedroom #3	13'6" x 13'1"	177 sq. ft.	2
Bedroom #4	12'3" x 13'	159 sq. ft.	2
Bedroom #5	13' x 12'9"	166 sq. ft.	2
Bedroom #6	10' x 8'7"	86 sq. ft.	1
Bedroom #7	15'10" x 11'2"	177 sq. ft.	2
Bedroom #8	18'3" x 11'11"	217 sq. ft.	2
Bedroom #9	11'9" x 12'1"	142 sq. ft.	2
Bedroom #10	13' x 11'5"	148 sq. ft.	2

**Total capacity: 19**

The living, dining, and sitting room areas measure a total of **1,153** 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 nine (9) residents per the AFC the rule requirement R400.15405 (1) and R400.15409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Sage Creek Senior Living is designed to provide a safe, secure, and loving environment for individuals who require 24-hour supervision, protection and personal care. Sage Creek can accept up to nineteen (19) adults both male and female 55 years old and older who require foster care due to being aged and physically handicapped in the least restrictive environment possible. Sage Creek Senior Living is also able to accommodate any individual that may use a wheelchair. The services will be provided by trained professionals who are capable of meeting the physical, emotional, intellectual, and social needs of each resident.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.15103, 400.15207, 400.15209, and 400.15302.

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.

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

The applicant is Sage Creek Senior Living LLC which is a "For Profit Corporation" and was established in Michigan on 10/28/2014. 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 Sage Creek Senior Living LLC has submitted documentation appointing Kari Sexton as Licensee Designee for this facility. Ms. Sexton has been overseeing the care, protection, and supervision of the aged population in AFC group home settings since 2015.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Sexton. Ms. Sexton submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Sexton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.15201 (3)(a) through (i).

The staffing pattern for the original license of this 19-bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift as required with Rules 400.15206. All staff shall be awake during sleeping hours.

Kari Sexton, the licensee designee, acknowledges her 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, Ms. Sexton acknowledges her 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 of the documents contained within each employee's file. Ms. Sexton acknowledges 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 as required with Rules 400.15204 and 400.15208.

Kari Sexton 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Kari Sexton 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, Ms. Sexton 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 required with Rules 400.15312.

Kari Sexton 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 consistent with Rules 400.15304.

Kari Sexton acknowledges 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. Ms. Sexton has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per Rules 400.15311.

Kari Sexton acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.15315.

Kari Sexton acknowledges her responsibility to obtain all of 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, Ms. Sexton acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file consistent with Rule 400.15316(1)(a) through (2).

Kari Sexton acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.15302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a large group home (20 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

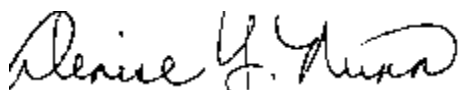


10/23/2018

Linda Pavlovski  
Licensing Consultant

Date

Approved By:



10/31/2018

Denise Y. Nunn  
Area Manager

Date