

RICK SNYDER

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

December 6, 2018

Lijo Antony Meadows Assisted Living, Inc. P.O. Box 249 Wayne, MI 48084

RE: Application #: AL500388667

Meadows Assisted Living I

71 North Avenue

Mt. Clemens, MI 48043

Dear Mr. Antony:

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 18 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,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine Cillylo

Pontiac, MI 48342 (248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500388667	
Licensee Name:	Meadows Assisted Living, Inc.	
Licensee Address:	71 North Avenue	
	Mt. Clemens, MI 48043	
Licensee Telephone #:	(734) 837-1048	
Administrator/Licensee Designee:	Lijo Antony	
Name of Facility:	Meadows Assisted Living I	
Facility Address:	71 North Avenue	
	Mt. Clemens, MI 48043	
Facility Talandana #	(724) 007 4040	
Facility Telephone #:	(734) 837-1048	
Application Data	05/30/2017	
Application Date:	03/30/2017	
Capacity:	20	
- Cupucity.	20	
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS	

II. METHODOLOGY

05/30/2017	On-Line Enrollment
05/31/2017	Inspection Report Requested - Health Inv. #1027010
05/31/2017	Contact - Document Sent Fire Safety String
05/31/2017	Contact - Document Sent Rule & Act booklets
05/31/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for Stacie (LD & Admin)
06/22/2017	Comment FP's for Stacie (LD & Admin)
06/28/2017	Contact - Document Received Licensing file received from Central office
07/11/2017	Application Incomplete Letter Sent
08/23/2017	Contact - Document Received Application incomplete letters sent to Stacie McCullum returned
08/23/2017	Contact - Document Received Letters sent to Stacie McCullum returned
01/04/2018	Contact- Telephone call received TC from Lijo Antony. He will be appointed as new Administrator and will send letter. Bruce and Stacie McCollum will no longer have any involvement with facilities. Construction to be completed in June 2018. Will also provide valid mailing address
01/10/2018	Contact - Document Received Licensing documents received by mail.
01/30/2018	Contact - Document Received Received change of licensee designee/administrator letter by email from Lijo Antony
02/02/2018	Contact - Telephone call received TC from Lijo Antony
02/02/2018	Contact - Document Received Email from Lijo Antony

08/15/2018	Contact - Face to Face Face to Face meeting with Lijo Antony at Macomb Office. Received two binders with licensing documents.
10/30/2018	Inspection Completed On-site Scheduled follow up inspection. Still under construction.
10/31/2018	Contact - Document Received Email from Tiffany Carmella re: floor plans. Returned email
10/31/2018	Contact - Document Sent Email to Lijo Antony
10/31/2018	Contact - Telephone call received TC from Lijo Antony
11/02/2018	Contact - Document Received Email to and from Lijo Antony
11/07/2018	Contact- Document Sent Email to and from Lijo Antony
11/07/2018	Inspection Completed On-site
11/13/2018	Contact- Document Received Email from Lijo Antony
11/14/2018	Contact- Document Received Emails from Lijo Antony
11/15/2018	Contact- Telephone call made TC to Macomb County Health Department
11/15/2018	Contact- Document Sent Email to and from Lijo Antony
11/20/2018	Contact- Document Received Email from Lijo Antony re: environmental inspection. Sent return email.
11/26/2018	Contact- Document Received Email from Lijo Antony. Sent return email.
11/26/2018	Contact- Document Received Email from Environmental Health Inspector, Nakita Shaub. Sent return email.

11/27/2018	Contact- Document Sent Email to and from Lijo Antony
11/27/2018	Contact- Document Sent Emails to Bureau of Fire Safety Inspector and Secretary
11/27/2018	Contact- Document Received Email from Fire Safety Inspector, Brian Batten. Sent return email.
11/27/2018	Contact- Document Sent Email to Lijo Antony
11/30/2018	Contact- Document Received Received environmental health inspection by mail.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The 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 license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

A. Physical Description of Facility

Meadows Assisted Living I is a large adult foster care facility located in Mt. Clemens, MI. The building is a twin twenty facility that consists of Meadows Assisted Living I and Meadows Assisted Living II. The licensee for the home is Meadows Assisted Living, Inc. Mr. Lijo Antony will act as the licensee designee and administrator for the homes. Meadows Assisted Living is a new construction. A copy of the lease agreement was provided. Meadows Assisted Living is leasing the building from Mt. Clemens AL, LLC, Safa Dabish. A letter was received from the landlord, Mr. Dabish, giving permission to inspect. The site plan was approved by the City of Mt. Clemens on 03/01/2017.

Meadows Assisted Living has a large shared living area, dining area, commercial kitchen, laundry facility and therapy room. Meadows Assisted Living I has 16 resident bedrooms each with a private bathroom. The dining room has seating for 48 individuals. The living room, dining room and therapy room offer over 2,500 square feet of living space which meets the required square feet per person for the 38 residents in both Meadows Assisted Living I and II.

The 16 bedrooms in the facility are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2" X 9' 4'9" X 5'	132	1
2	12'2" X 9' 4'9" X 5'	132	1
3	12'2" X 9' 4'9" X 4'11"	132	1
4	12'2" X 9' 4'9" X 4'11"	132	1
5	27'4" X 8'4" 11'6" X 6'3"	298	2
6	12'2" X 9' 4'9" X 5'	132	1
7	12'3" X 9' 4'9" X 5'	133	1
8	12'2" X 9' 4'9" X 5'	132	1
9	12'3" X 9' 4'9" X 5'	133	1
10	12'6" X 27'5"	342	2
11	12'2" X 9' 4'9" X 5'	132	1
12	12'3" X 9' 4'9" X 5'	133	1
13	12'2" X 9' 4'9" X 5'	132	1
14	12'3" X 9' 4'9" X 5'	133	1
15	12'2" X 9' 4'9" X 5'	132	1
16	12'2" X 9' 4'9" X 5'	132	1

Total capacity: 18

All sixteen bedrooms have adequate space, bedding and storage. All of the bedrooms have a twin-size bed, chair, small dresser, closet, window and private bathroom with mirror. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation. The facility is wheel chair assessible.

Meadows Assisted Living has city water and sewer. An environmental inspection was completed on 11/20/2018 and the facility received an "A rating". The water temperature was measured with a digital thermometer and found to be between 105-120 degrees Fahrenheit. The bathrooms and bedrooms doors have non-locking against egress hardware. The facility received approval from the Bureau of Fire Safety on 11/13/2018. In addition, the bedrooms have call alarms for resident safety. The facility also has a locked medication room with Quick MAR system.

B. Program Description

A copy of the program statement was provided. Meadows Assisted Living will provide 24-hour care for individuals from the ages of 45-100, both male and female, who are aged, physically handicapped and people with Alzheimer's and dementia related disorders in the least restrictive setting. Residents will receive room, board, care and supervision services that include three meals and two snacks daily, laundry facilities, onsite commercial kitchen and dining room, onsite salon, onsite outpatient physical therapy and gym, housekeeping services, 24-hour daily staffing, medication management and an on-call nurse. Residents may receive assistance with eating and feeding, personal hygiene, toileting, bathing, grooming, dressing, transferring, ambulation, medication administration, medication maintenance and development of personal and social skills. Recreational and therapeutic activities will be available daily and may include board games, playing cards, painting, memory poems and music activities.

A copy of the staffing pattern for the facility was provided. There will be three staff on shift from 7:00 am- 7:00 pm and two staff on shift from 7:00 pm-7:00 am.

Mr. Lijo Antony will act as the licensee designee and administrator for Meadows Assisted Living I and II. Mr. Antony has been fingerprinted and submitted a medical statement. Mr. Antony was previously qualified as a licensee designee and administrator. He is currently the licensee designee and administrator for Oaktree Place Senior Living, LLC and Walnut Creek Living, LLC.

C. Rule/Statutory Violations

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

IV. RECOMMENDATION

Area Manager

I recommend that the department issue a temporary license to this large group adult foster care home, Meadows Assisted Living I, with a capacity of eighteen (18) residents.

Kristine Cillufo	11/30/2018
Kristine Cilluffo Licensing Consultant	Date
Approved By:	
Denice J. Munn	12/06/2018
Denise Y. Nunn	Date