



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 20, 2018

Brenda Green
New Life Assisted Living Center LLC
6622 White Clover Dr.
East Lansing, MI 48823

RE: Application #: AL230393335
New Life Assisted Living Center
1020 Eastbury Drive
Lansing, MI 48917

Dear Ms. Green:

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 16 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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL230393335
Licensee Name:	New Life Assisted Living Center LLC
Licensee Address:	6622 White Clover Dr. East Lansing, MI 48823
Licensee Telephone #:	(517) 339-0025
Administrator/Licensee Designee:	Brenda Green
Name of Facility:	New Life Assisted Living Center
Facility Address:	1020 Eastbury Drive Lansing, MI 48917
Facility Telephone #:	(517) 339-0025
Application Date:	03/28/2018
Capacity:	16
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

03/28/2018	On-Line Enrollment
03/30/2018	Contact - Document Sent Rule & Act booklets
03/30/2018	Application Incomplete Letter Sent App; rec cl's for Brenda (LD) & Admin; IRS ltr
05/17/2018	Contact - Document Received App; rec cl for Brenda; IRS ltr
08/30/2018	Application Incomplete Letter Sent
09/11/2018	Contact - Document Received Received admission policy, zoning approval, designated person appt, discharge policy, fee policy, floor plans, house rules, organizational chart, program statement, Alzheimer's statement, personnel policies, and job descriptions
12/07/2018	Contact - Document Received Received articles of incorporation, board of directors list, and budget
12/07/2018	Inspection Completed-Fire Safety : A
12/10/2018	Contact - Document Received Received medical clearance and TB test for Brenda Green, staffing pattern, proof of ownership, fire inspection report, permission to inspect, standard/routine procedures, and profit/loss statement
12/10/2018	Application Complete/On-site Needed
12/13/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Life Assisted Living Center is a ranch style, single story “T” shaped, concrete building. The facility is in Delta Township, which is in Lansing, MI. This area provides numerous choices in medical care, entertainment, shopping, parks, libraries, and other community amenities for resident use. The facility has 14 resident bedrooms located in two long hallways on the East and West ends of the building. In the one wing, each two resident rooms share a private bathroom connecting the two rooms. In the other wing there are two resident bedrooms not attached to a bathroom, two resident bedrooms that have access to a shared bathroom, and one resident bedroom with a private bathroom. The facility is equipped with two large shower rooms and another bathroom in the East hallway of the facility. The facility has a full-size kitchen that will be used to cook all resident meals. Upon entering the facility and walking through the foyer, an individual will observe the living area, dining area, and kitchen centrally located. To the left and right of these areas are resident bedrooms, located within two long hallways. The main administrative office is located in the West hallway of the facility. There is a room that will be used to store and administer medication located off the living room and a laundry room and utility room located off the dining room. The facility furnishings are adequate for the number of residents and comfortable. There are several dining tables where residents can enjoy a meal or participate in crafts. The facility is equipped with doors that allow for 15-second delayed egress at all exits. There is a door separating the main living area from the vestibule that one must enter a code to open and only facility staff members will have access to the code. The facility has well-lit exit signs for resident safety. The home utilizes a public water supply and sewage disposal system.

The facility does not have a basement. There are four exits/entrances to the facility, which are all at grade and the door widths accommodate wheelchair users. The facility is at grade and is wheelchair accessible.

The facility is equipped with two hot water heaters and two furnaces which are all powered by natural gas and are located on the main floor of the facility. The hot water heaters and furnaces are located in a room with a fire-rated metal door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on December 7, 2018.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
A-3	8' 11" X 12' 8"	113	One
A-4	8' 7" X 12' 8"	109	One
A-5	8' 11" X 12' 8"	113	One
A-6	8' 11" X 12' 8"	113	One
A-7	8' 11" X 12' 8"	113	One
A-8	8' 11" X 12' 8"	113	One
A-9	8' 3" X 12' 8"	104	One
A-10	8' 3" X 12' 8"	104	One
B-1	8' 5" X 12' 8"	107	One
B-2	8' 5" X 12' 7"	107	One
B-3	12' 8" X 17' 5"	221	Two
B-4	12' 7" X 18' 10"	237	Two
B-5	8' 7" X 12' 8"	109	One
B-6	8' 9" X 12' 8"	111	One

The indoor living and dining areas measure a total of 1,688 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate sixteen residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to sixteen male and/or female residents who are aged or who have Alzheimer's disease or related conditions. The overall philosophy of the facility is to make residents' lives as fulfilled as possible by meeting physical, social, emotional, and spiritual needs, while ensuring safety, reducing fears, and providing a comfortable, warm atmosphere. The program statement states a commitment to using patience and understanding with residents with Alzheimer's disease or related conditions, to provide security by keeping things simple and routine, encouraging interaction, and communication with smiles and humor. The admission policy indicated criteria for placement in or transfer or discharge from a program for residents with Alzheimer's disease or related conditions. The applicant intends to utilize the resident health care appraisal, interview and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs. The applicant has determined the facility cannot accept or retain residents who display aggressive behavior. The applicant has determined the facility can accommodate residents who may wander but not residents who chronically exit-seek. The facility will accept residents who are forgetful, easily confused or have difficulty understanding and concentrating.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The facility has a tool to assess the needs of each resident and establish a plan of care. The assessment form is completed by the facility administrator with the assistance of the residents' family member or responsible party. The assessment tool uses a Likert-type scale to identify the level of care needed in several areas, including: bathing, grooming, elimination, bowel, orientation, oral care, vision/hearing, speech, mobility, transfer needs, diet, feeding, and special equipment or other needs. All interventions will be implemented only by staff trained in the intervention techniques. Staff will be trained initially and on an ongoing basis on proper ways to care for residents with Alzheimer's disease and similar conditions by representatives from the Michigan Assisted Living Association, Michigan Adult Foster Care Association, Hometown Health and Hospice, and Heartland Home Health and Hospice.

Residents will be engaged in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living. Residents will be able to participate in physical activities such as chair exercises with balls and beanbags daily. The applicant intends to provide other daily activities, such as music, crafts, movies, pet therapy, or spa day.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

The applicant intends to accept residents with private sources for payment. No supplemental fees will be charged for services provided to patients or residents with Alzheimer's disease or related conditions.

C. Applicant and Administrator Qualifications

The applicant is New Life Assisted Living Center, LLC a "Domestic Limited Liability Company", established in Michigan on 03/25/2011. 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 members of New Life Assisted Living Center, LLC have submitted documentation appointing Brenda Green as licensee designee and administrator for this facility. Criminal history background checks of the applicant and administrator were completed, and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Green submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Green has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Green currently operates four licensed AFC group homes and has successfully since February 18,

2011. Mrs. Green currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Mrs. Green strongly believes in helping residents maintain independence and continue to pursue and develop interests.

The staffing pattern for the original license of this sixteen-bed facility is adequate and presently includes a minimum of two staff for nine residents from 6:00 am until 10:00 pm and one staff member from 10:00 pm until 6:00 am. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs and also due to the arrangement of the physical setting, or as more residents are admitted to the facility. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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.

The applicant 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 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 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 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 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 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.

The applicant 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 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 indicated the intent to respect and safeguard these resident rights.

The applicant 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 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, however the facility is a one-story structure.

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 16 residents.



12/19/18

Leslie Barner
Licensing Consultant

Date

Approved By:



12/20/2018

Dawn N. Timm
Area Manager

Date