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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 12, 2019

Karen Coffey-Carney
Carolyn's Corner, LLC
P.O. Box 444
New Boston, MI 48164

RE: Application #: AS820396758
Carolyn's Corner
17890 Parkridge Dr
Riverview, MI 48193

Dear Mrs. Coffey-Carney:

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 6 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820396758
Applicant Name:	Carolyn's Corner, LLC
Applicant Address:	17890 Parkridge Dr Riverview, MI 48193
Applicant Telephone #:	(734) 740-6487
Administrator/Licensee Designee:	Karen Coffey-Carney
Name of Facility:	Carolyn's Corner
Facility Address:	17890 Parkridge Dr Riverview, MI 48193
Facility Telephone #:	(734) 225-1124
Application Date:	10/08/2018
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

10/08/2018	Enrollment
10/15/2018	Contact - Document Sent Rules and Acts books.
10/15/2018	Application Incomplete Letter Sent 1326, RI-030, FP and 100 for Karen.
11/02/2018	Contact - Document Received 1326, RI-030, FP, and 100 for Karen.
11/07/2018	File Transferred To Field Office Detroit
11/20/2018	Application Incomplete Letter Sent
01/09/2019	Contact - Document Received Received requested incomplete application documents.
01/16/2019	Contact - Document Sent Sent an email to Ms. Carney regarding the need to meet the requirements of Sec.726(b) in the public act of 2018 related to serving the Alzheimer's population.
01/28/2019	Contact - Document Sent Sent an email requesting documents initially requested in the incomplete application and not received. Also requested revisions to some of the submitted documents.
02/07/2019	Contact - Document Received Received updated policy and procedures
03/27/2019	Contact - Document Received Verification of experience with populations served received.
03/27/2019	Application Complete/On-site Needed

05/13/2019	Contact - Document Received Email from Ms. Carney informing me that the home is ready for inspection.
05/29/2019	Inspection Completed On-site
05/29/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Carolyn's Corner is located in the downriver community of Riverview. The home is a reddish-brown all brick ranch style home situated on a large corner lot. The home consists of 5 bedrooms, 2 full bathrooms and 2 half bathrooms with one being designated for staff use. The home is very spacious and is tastefully decorated. The home has specific design features to create a welcoming, comfortable and safe environment for those living with Alzheimer's and/or related conditions.

The living, dining, and sitting rooms measure a total of 493 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home is also wheelchair accessible and will accommodate ambulatory and non-ambulatory adults. The home is equipped with 2 wheelchair ramps located at both approved means of egress. Both ramps were measured and meet the rule requirement.

The home has 2 furnaces and 1 hot water tank/heater. The hot water tank/heater and 1 of the furnaces 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 other furnace is located in the attic in a room that is constructed of material that has a 1-hour-fire-resistance rating. The home also has a main floor laundry room that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4"x16'9"	207sq.ft.	2
2	12'0"x10'0"	120sq.ft	1
3	12'0"x10'10"	130sq.ft.	1
4	12'6"x11'2"+7'11"	148sq.ft.	1
5	9'8"x12'7"+7'11"	139sq.ft	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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, personal care in addition to room and board to **six (6)** male or female ambulatory or non-ambulatory adults whose diagnosis is aged and/or Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, if necessary.

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 ensure transportation is available for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Carolyn's Corner, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 09/13/2018. 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 Carolyn's Corner, L.L.C. has submitted documentation appointing Karen Coffey-Carney as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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.

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

The licensee designee 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 licensee designee 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 licensee designee acknowledges their 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, the licensee designee 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 of the documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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. The licensee designee has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The licensee designee acknowledges their 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, the licensee designee acknowledges their 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.

The licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 small group home (capacity 1-6).



Pandrea Robinson
Licensing Consultant

06/05/2019
Date

Approved By:



06/12/2019

Ardra Hunter
Area Manager

Date