



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 4, 2019

Angela Smith
5012 Palisade
Lansing, MI 48917

RE: Application #: AF230393320
Peaceful Assisted Living
5012 Palisade
Lansing, MI 48917

Dear Ms. Smith:

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 1 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 #:	AF230393320
Licensee Name:	Angela Smith
Licensee Address:	5012 Palisade Lansing, MI 48917
Licensee Telephone #:	(517) 927-3507
Name of Facility:	Peaceful Assisted Living
Facility Address:	5012 Palisade Lansing, MI 48917
Facility Telephone #:	(517) 927-3507
Application Date:	03/28/2018
Capacity:	1
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

03/28/2018	On-Line Enrollment
03/30/2018	Contact - Document Sent Rule & Act booklets
04/09/2018	PSOR on Address Completed
04/09/2018	Contact - Document Received Rec cl & RI-030 for Angela; rec cl for Mylinda
04/09/2018	Lic. Unit file referred for background check review Angela - Self-Conf
04/09/2018	Contact - Document Sent GMC packet sent for A. Smith
04/25/2018	Lic. Unit received background check file from review GMC approval 04/24/2018 for Angela Smith per Jay Calewarts
04/25/2018	File Transferred To Field Office Lans
06/29/2018	Application Incomplete Letter Sent
08/22/2018	Contact - Document Received Received fee policy, house rules, medical release for licensee and responsible person, TB screen for licensee and responsible person, and proof of ownership
01/08/2019	Application Complete/On-site Needed
01/08/2019	Inspection Completed On-site
01/08/2019	Inspection Completed-BCAL Sub. Compliance

02/28/2019

Contact - Document Received

Written documentation, as well as photographs and video confirmation that all physical plant issues have been addressed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Peaceful Assisted Living is housed in a quad-level home located in a subdivision in the city of Lansing. There are four bedrooms in the home, three are located on the main level and one is on the lower level of the home. There is one bedroom designated for a resident, which is located on the main level of the home. There are two full bathrooms in the home, one on the main level and one on the lower level of the home. The living area, dining area, and kitchen are located centrally, on the main level of the home. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The water heater and furnace are powered by gas and are located in a utility room on the lower level of the home. The utility room is equipped with a 20-minute fire rated door 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. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 6 1/2" X 11' 0"	116	1

The indoor living and dining areas measure a total of 299 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 one resident. 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 one male or female resident who is aged or developmentally disabled. The applicant intends to provide care for a relatively independent resident who is transitioning from independent care to assisted care while maintaining as much self-sufficiency as possible. The applicant indicated she will assist with bathing, dressing, mobility/ambulation, medication administration, completing personal errands and shopping, housekeeping and laundry, meal preparation, and transportation to and from doctor appointments.

The program will include social interaction and skills development which will be facilitated by the applicant and will include Fun Day at Riverfront Towers, Grand Mere's Adult Day Health Club and Program of All-Inclusive Care for the Elderly (PACE). While attending these programs, a resident can participate in activities that provide memory training, cognitive stimulation, and physical fitness.

The applicant intends to accept referrals from the Department of Health and Human Services, Tri-County Office on Aging, and residents with private sources of payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to ensure a resident is exposed to monthly outings to the Delta Township Library, Lansing Mall movie theater, Impression 5 Museum, Potter Park Zoo, Lansing Lugnuts baseball games, local parks for picnics, nature centers and other suggested activities from a resident. The home is located near a variety of schools, libraries, museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the resident as evidenced by the projected income from caring for an AFC resident along with outside employment.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for one resident will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

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. In addition, the applicant indicates 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 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 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 retain all of the documents 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 regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

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 family home with a capacity of one (1).



3/1/19

Leslie Barner
Licensing Consultant

Date

Approved By:



03/04/2019

Dawn N. Timm
Area Manager

Date