



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 31, 2019

Paula Martin
Stay at Home Senior Care1 LLC
21725 Ulrich
Clinton Township, MI 48036

RE: Application #: AS500395751
Our Place Senior Assisted Living Fuller
49711 Fuller
Chesterfield, MI 48051

Dear Ms. Martin:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500395751
Licensee Name:	Stay at Home Senior Care1 LLC
Licensee Address:	21725 Ulrich Clinton Township, MI 48036
Licensee Telephone #:	(586) 625-2231
Administrator/Licensee Designee:	Paula Martin
Name of Facility:	Our Place Senior Assisted Living Fuller
Facility Address:	49711 Fuller Chesterfield, MI 48051
Facility Telephone #:	(586) 625-2231
Application Date:	08/09/2018
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

08/09/2018	On-Line Enrollment
08/10/2018	Contact - Document Sent Rule & Act booklets
09/18/2018	Contact - Document Received Application; IRS letter; clearance, RI-030, medical clearance & TB for Ms. Martin.
09/20/2018	Contact - Document Received Licensing file received from Central office
04/30/2019	Application Incomplete Letter Sent Original sent 11/6/2018. New one sent by new consultant assigned on 04/30/2019 via email PDF.
09/22/2019	Contact - Document Received Received revised program documents, training and medical clearances for licensee designee Paula Martin.
10/02/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is in a residential area of Chesterfield Township in Macomb County. The home is located in the L'Anse Creuse Public Schools. There are community attractions such as Brandenburg Park, Pollard Park, Chesterfield Library and Senior Center.

The home is a single-story brick ranch style home built on a slab. The home consists of a living room, family room, dining room, kitchen, two full bathrooms, first floor laundry room and four bedrooms. The home is wheelchair accessible. The home has gas heating and forced air with public water and sewage.

The furnace and hot water heater are located on the main floor of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with hardwire smoke detection system, with battery back-up 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	9.1 x 11.6	104.46	1
2	17.5 x 9.7	166.91	2
3	12.10 x 9.11	127.26	1
4	12.10 x 17.3	221.38	2

Total capacity: 6

The living room, family room and dining room areas measure a total of 954 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 **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. Our Place Senior Assisted Living Fuller intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory and non-ambulatory adults whose diagnosis is aged and 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.

Our Place Senior Assisted Living Fuller Alzheimer's Program Statement involves providing joy, comfort and meaning to resident's lives. Our Place Senior Assisted Living Fuller care involves assessment of the resident abilities, care planning and provisions. Staff will be trained to care for residents diagnosed with Alzheimer's disease.

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.

Stay at Home Senior Care 1, LLC will provide all transportation 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

Stay at Home Senior Care¹ is, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/02/2015. Stay at Home Senior Care¹ 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.

Stay at Home Senior Care 1, LLC 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 Stay at Home Senior Care 1, LLC has submitted documentation appointing Paula Martin as Licensee Designee and administrator for this facility. Ms. Martin has direct experience and knowledge in working with the aged and Alzheimer’s population. Ms. Martin worked as a nutrition assistant for three years and then two years as a Food Service Director of Operations in a nursing home. Ms. Martin is currently the owner of in-home care services, Stay at Home Senior Care, and has been operating for ten years. Ms. Martin completed high school and received an Associate Degree from the Art Institute of Pittsburgh in 1983.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Martin. Ms. Martin submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Ms. Martin has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 6-bed facility is adequate and includes 1-2 staff to 6 residents per day and afternoon shifts, as well as midnight shifts, depending on the needs of the residents. All staff shall be awake during sleeping hours. Ms. Martin, 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. Martin 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 the documents contained within each employee’s file.

Ms. Martin 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 400.14204 and 400.14208.

Paula Martin as Licensee Designee and administrator acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, 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 employee record to demonstrate compliance.

Paula Martin as Licensee Designee and administrator 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. Martin 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 400.14312.

Paula Martin as Licensee Designee and administrator acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Martin indicated that it is her intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Paula Martin as Licensee Designee and administrator 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. Martin 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 400.14311.

Paula Martin as Licensee Designee and administrator acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Paula Martin as Licensee Designee and administrator responsibility to obtain all 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. Martin acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file consistent with Rule 400.14316(1)(a) through (2).

Paula Martin as Licensee Designee and administrator 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 400.14302.

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 small group home (6 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 small group home (capacity 1-6).

L. Reed

10/31/2019

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/31/2019

Denise Y. Nunn
Area Manager

Date