



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 23, 2019

Syed Shah
Blossom Hill Inc
2498 Tranquil Dr.
Troy, MI 48098

RE: Application #: AS630398556
Blossom Hill Inc. #1-AS
56565 10 Mile Rd
South Lyon, MI 48178

Dear Mr. Shah:

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 blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630398556

Applicant Name: 56565 Senior Care Solutions, LLC.

Applicant Address: 56565 10 Mile Rd
South Lyon, MI 48178

Applicant Telephone #: (908) 636-8415

Administrator/Licensee Designee: Syed Shah

Name of Facility: Blossom Hill Inc. #1-AS

Facility Address: 56565 10 Mile Rd
South Lyon, MI 48178

Facility Telephone #: (248) 264-6497

Application Date: 02/27/2019

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

| | |
|------------|--|
| 02/27/2019 | Enrollment |
| 03/01/2019 | Contact - Document Sent Acts book |
| 03/01/2019 | Application Incomplete Letter Sent 1326, RI-030, FP, and 100 for Syed. |
| 03/19/2019 | Contact - Document Received 1326, RI-030, FP, and 100 for Syed. |
| 03/26/2019 | File Transferred To Field Office Pontiac |
| 03/29/2019 | Contact - Document Received Licensing file received from Central office |
| 05/21/2019 | Application Incomplete Letter Sent |
| 07/12/2019 | Inspection Completed On-site |
| 07/12/2019 | Application Incomplete Letter Sent |
| 10/01/2019 | Application Complete/On-site Needed |
| 10/18/2019 | Inspection Completed On-site |
| 10/31/2019 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility, 56565 Senior Care Solution LLC., doing business as Blossom Hill is located in a residential area in South Lyon, Michigan. The home is a single-story structure with a full basement and attached garage. The basement, which is partially finished, will not be accessed by residents. The first floor of the home consists of a living room, dining room, kitchen, two full bathrooms and four (4) single occupancy bedrooms and one (1) double occupancy bedroom. There is a large finished deck with an approved wheelchair ramp at the rear of the home. There is also an approved wheelchair ramp at the front of the home.

The furnace and hot water heater 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 the stairs. The facility is equipped with 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 | 9'3" x 12' + 4' x 7' | 139 | 1 |
| 2 | 9'3" x 9'3" | 120 | 1 |
| 3 | 9'3" x 16'3" + 2'6" X 10'9" | 177 | 1 |
| 4 | 14'3" x 9'3" + 2'6" x 8' | 154 | 1 |
| 5 | 11'6" x 12 + 4'8" x 7' | 171 | 2 |

Total capacity: 6

The living, dining, and sitting room areas measure a total of 397 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. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is aged 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 required, behavioral intervention and crisis intervention programs will be developed as identified in each resident's assessment plan. These programs shall be implemented only by trained staff and only with the prior approval of each resident, guardian, and the responsible agency.

Transportation services are accessible for each resident. The facility will make provisions for a variety of leisure and recreational equipment. The facility will utilize local community resources including public school and libraries, local museums, shopping centers and local parks, as appropriate.

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 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

The applicant is 56565 Senior Care Solutions L.L.C., doing business as Blossom Hill which is a “Domestic Limited Liability Company”, was established in Michigan, on 02/21/19. 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 56565 Senior Care Solutions L.L.C., doing business as Blossom Hill, has submitted documentation appointing Syed Shah as Licensee Designee for this facility and Syed Shah as the Administrator of the facility.

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

The licensee designee/administrator, Syed Shah has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Shah earned a master’s degree in public health from New York Medical College and a doctoral degree in Epidemiology, from Erasmus Medical University Rotterdam, Netherlands. Mr. Shah has over 20 years’ experience in health care management and is a licensed nursing home administrator since 2012 in the State of Michigan. Mr. Shah has been employed as a Licensed Nursing Home Administrator since January 2018 with Pioneer Health Management. Mr. Shah supports multiple senior care facilities within Pioneer Health Management regarding regulatory complaints and infection prevention in long-term care facilities.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff to six residents per shift. All staff shall be awake during sleeping hours.

Syed Shah 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.

Syed Shah 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.

Syed Shah 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, Mr. Shah 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.

Syed Shah acknowledges his 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, Mr. Shah acknowledges his 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.

Syed Shah acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Shah indicated that it is the corporation's intent to achieve and maintain compliance with these requirements.

Syed Shah 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. Mr. Shah 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.

Syed Shah acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Syed Shah acknowledges his 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, Mr. Shah acknowledges his 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.

Syed Shah acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



12/12/19

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



12/23/2019

Denise Y. Nunn
Area Manager

Date