



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

October 1, 2015

Lijo Antony
Walnut Creek Living, LLC
2695 Powderhorn Ridge Rd.
Rochester Hills, MI 48309

RE: Application #: AS500378610
Walnut Creek Life, LLC
47848 Beacon Square Dr.
Macomb Twp, MI 48044

Dear Mr. Antony:

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 "Stephanie Williams".

Stephanie A. Williams, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-2097

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500378610
Licensee Name:	Walnut Creek Living, LLC
Licensee Address:	2695 Powderhorn Ridge Rd. Rochester Hills, MI 48309
Licensee Telephone #:	(248) 568-7194
Administrator/Licensee Designee:	Lijo Antony
Name of Facility:	Walnut Creek Life, LLC
Facility Address:	47848 Beacon Square Dr. Macomb Twp, MI 48044
Facility Telephone #:	(586) 961-6168
Application Date:	07/25/2015
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

07/25/2015	On-Line Enrollment
07/28/2015	Contact - Document Sent Rules and Act booklets
07/31/2015	Contact - Document Received Licensing file received from Central office
08/10/2015	Application Incomplete Letter Sent Sent to Mr. Antony, by email in PDF format.
08/12/2015	Contact - Document Received Email received from Mr. Antony.
08/14/2015	Contact - Face to Face Met with Mr. Antony and received supportive documents.
09/03/2015	Inspection Completed-BCAL Sub. Compliance
09/04/2015	Inspection Completed On-site
09/04/2015	Contact - Document Received Supportive documents received. Medical Clearance.
09/09/2015	Contact - Document Received Supportive documents received. Corrections made
09/10/2015	Contact - Document Received CPR/First Aid and additional training documents received.
09/17/2015	Inspection Completed On-site
09/17/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single family brick ranch-style home built in 1999 with an attached, two-car garage with a wooden deck located in a subdivision in Macomb Township. The home is wheelchair accessible and meets requirement of R 400.14509(1). The property is fully landscaped and the rear yard is enclosed with a fence. The home is located in a residential neighborhood in the township of Macomb, a suburb north of the City of Detroit. The home and surrounding community are serviced by public water and sewage

systems. Medical, educational, and social resources are located within close proximity to the home in the surrounding community. The facility also has access to I-94 freeway.

Walnut Creek Life, LLC facility features an interconnected smoke detection system which has been inspected and certified as being in good operating condition by a qualified inspection service and is audible throughout the home. Fire extinguishers have been installed and mounted as required in the home and in the basement. The home is heated by gas, forced-air furnace located in the basement and as required by R400.14511 (1) has the required floor separation and fire resistance door is in a fully-stopped frame and equipped with an automatic self-closing device and positive-latching hardware. The laundry room is located on the first floor off the kitchen. The heat plant has been inspected and certified as being in good operating condition by a qualified inspection service. The home also features central air conditioning. The home also has sliding doors leading to the rear two wooden decks. A locked cabinet has been identified to secure residents' medications meeting R400.14312 (1).

At final inspection, the facility was noted to be in full compliance with administrative rule requirements related to fire safety, physical plant, environmental sanitation, living, dining, and bedroom furnishings.

The family room is located off of the front entrance and kitchen. The residents' dining area is shared with the kitchen. The home features a full bath between the residents' bedroom area of the home, a ½ bathroom with shower located in bedroom #3 and ½ bathroom with shower by the kitchen. The ½ bathroom located by the kitchen will primarily be used by staff and visiting relatives. Caustic materials will be secured in the laundry room in a locked cabinet; the laundry room will be locked as well. I measured all community living space and bedrooms within the home to determine occupancy limits. The measurements, square footage, and capacity limits are as follow:

Dining area 13'3" x 5"	66.25 square feet
Living area 18'8" x 17'8"	330 square feet

Total square footage of community space: 396.3 square feet.

Bedroom #1 13'8" x 10'5"	
Plus 2'4" x 3	149.34 square feet capacity 2

Bedroom #2 11'6" x 15'10"	
Plus 3'2" x 2'11"	191.3 square feet capacity 2

Bedroom #3 14'10" x 12'5"	184.2 square feet capacity 2
---------------------------	------------------------------

The square footage of community space is adequate for the facility to accommodate up to six AFC residents. Bedroom #1, bedroom #2 and bedroom #3 will accommodate two residents in each room. All bedrooms are fully furnished and meet the requirement of Rule 400.14410(1)(2)(3) and (4).

B. Program Description

The admission policy, discharge policy, program statement and refund agreement have been submitted and do not conflict with the licensing requirements. Walnut Creek Life, LLC is a small group adult foster care facility with the capacity to provide services for six ambulatory or non-ambulatory residents. The facility stated objectives 24- hour residential care of the highest quality to individuals in a safe and therapeutic environment for those that have Alzheimer's, Dementia, Physically Handicapped, Traumatic Brain injured and or are Aged. It is one of Walnut Creek Life, LLC's goal to treat each resident, families/designated representative with dignity and respect while meeting the residents daily needs. With personal services provided such as dressing and bathing assistance, laundry, grooming and hygiene, communicating and working with the residents' doctors.

Walnut Creek Living, LLC is a limited liability corporation formed on 07/15/2014, in good standing and approved to conduct business in the State of Michigan. A letter from the members has been received designating Mr. Lijo Antony as the licensee designee/administrator. A licensing clearance request has been received and processed for Mr. Lijo Antony, licensee designee/administrator, verifying his good moral character. The applicant has submitted financial documentation assuring the financial capability and stability of this corporation. Mr. Antony has submitted the appropriate educational, training, employment documentation and resume to establish that he has the required experience and education to provide and deliver adult foster care services to the Aged, Alzheimer's, Dementia, Traumatic Brain Injured and Physically Handicapped adults in the State of Michigan.

Mr. Antony has several years of experience of working with the identified population through his work with the residents in small group home (Walnut Creek Living, LLC/AS500363334) which he has operated, since September of 2014. Mr. Antony has a practical nursing degree since 2009. Mr. Antony has prior work experience as a financial advisor and as an insurance representative, responsible for the accounting and financial paperwork for Walnut Creek Living, LLC group home, solidifying his financial and administrative capabilities.

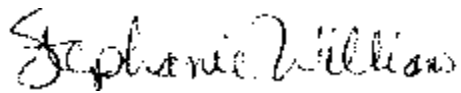
Medical clearances and negative tuberculin test results have also been received for Mr. Antony verifying he is in good mental and physical health and has no limitations to work with or around adult foster care residents. I provided technical assistance to the applicant to facilitate his compliance with statutory and rule requirements for the maintenance of the facility and resident records including the handling and accounting of resident funds. I provided technical assistance as to compliance with statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable licensing rules.

IV. RECOMMENDATION

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

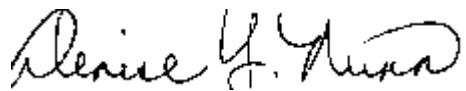


10/01/2015

Stephanie A. Williams
Licensing Consultant

Date

Approved By:



10/01/2015

Denise Y. Nunn
Area Manager

Date