



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 20, 2020

Achal Patel
Divine Life Assisted Living Center 2 LLC
2045 Birch Bluff Drive
Okemos, MI 48864

RE: Application #: AL330404951
Divine Life Assisted Living Center 2 LLC
5905 Edson Street
Haslett, MI 48840

Dear Mr. Patel:

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 16 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, 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 #: | AL330404951 |
| Licensee Name: | Divine Life Assisted Living Center 2 LLC |
| Licensee Address: | 2045 Birch Bluff Drive Okemos, MI 48864 |
| Licensee Telephone #: | (517) 898-2431 |
| Administrator/Licensee Designee: | Achal Patel |
| Name of Facility: | Divine Life Assisted Living Center 2 LLC |
| Facility Address: | 5905 Edson Street Haslett, MI 48840 |
| Facility Telephone #: | (517) 898-2431 |
| Application Date: | 07/02/2020 |
| Capacity: | 16 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |

II. METHODOLOGY

| | |
|------------|--|
| 07/02/2020 | On-Line Enrollment |
| 07/02/2020 | On-Line Application Incomplete Letter Sent App; IRS ltr; 1326A, RI-030 & FPs for Achal; AFC 100 for admin |
| 07/02/2020 | On-Line Application Received - Original |
| 07/02/2020 | On-Line Fee Received - Original |
| 07/20/2020 | Contact - Document Received App - 1st pg; IRS ltr; AFC 100 for Achal (LD & Admin) |
| 07/23/2020 | Comment FP's for Achal |
| 07/23/2020 | Contact - Document Received App - Pgs 1-3 |
| 07/27/2020 | File Transferred To Field Office Lansing |
| 09/29/2020 | Inspection Completed – Fire Safety: A (see AL330317162) |
| 09/30/2020 | Application Incomplete Letter Sent |
| 10/15/2020 | Contact - Document Received admission policy, budget, contracts, designated person, discharge policy, lease, medica;/TB for admin/LD, org chart, permission to inspect, program statement, standard/routine procedures, staffing pattern, Alzheimer's statement, applicant training and competencies, personnel policies, job description |
| 10/17/2020 | Contact - Document Received zoning approval |
| 10/19/2020 | Contact - Document Received new app, letter confirming no change in tax ID 3, certificate of amendment an filing endorsement for name change |
| 10/19/2020 | Contact - Document Received updated program statement, admission policy, and fee/refund policy |
| 10/28/2020 | Inspection Completed On-site Virtual due to potential COVID 19 exposure |
| 10/28/2020 | Inspection Completed - BCAL: Full Compliance (Virtual) |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Life Assisted Living Center is a large single level wood frame building. The facility is located in a residential neighborhood in Haslett, Michigan, in Ingham County. The facility had a large parking area on the north side of the building that can accommodate staff and visitors. The facility has a large deck on the front of the building and a second large deck that goes from the south side of the building around the back to the north side of the building where residents can sit outside. Both deck areas are enclosed to provide for the residents' safety and security. The facility has a large living room, dining room, hair salon area, ten resident bedrooms, two half bathrooms and three full bathrooms. The facility has smooth flooring which is easily traversed in wheelchairs along with individual bedroom colors, chimes on all exits that alert staff members if a door inside the facility is open, and gates outside the facility.

The facility does not have a basement. There are six exits/entrances to the facility, which are all at grade and the door widths accommodate wheelchair users. The facility is at grade and is wheelchair accessible.

The facility is equipped with two hot water heaters and two furnaces which are all powered by natural gas and located in the crawl space. The crawl space is enclosed in the laundry room which has a 1 3/4 inch solid wood door that is hung in a fully stopped wooden frame and equipped 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 and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 09/29/2020.

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' 0" X 13' 11" | 131 | 2 |
| 2 | 10' 6" X 8' 3" | 88 | 1 |
| 3 | 8' 5" X 8' 5" | 71 | 1 |
| 4 | 12' 5" X 7' 7" | 96 | 1 |
| 5 | 11' 11" X 13' 8" | 153 | 2 |
| 6 | 13' 11" X 10' 1" | 132 | 2 |
| 7 | 8' 6" X 10' 8" | 92 | 1 |
| 8 | 10' 8" X 8' 5" | 92 | 1 |
| 9 | 13' 11" X 10' 0" | 131 | 2 |
| 10 | 15' 10" X 13' 8" | 208 | 3 |

Bedroom number 10 may be licensed for a total occupancy of 3 residents pursuant to administrative rule number 400.15409 as when there is a change in ownership for those homes that were licensed of the effective date of these rules and whose licenses have been in continuous effect and the residents and/or their designated representatives have agreed in writing to continue to reside in the multioccupancy room at a reduced rate. Additionally, the multioccupancy bedroom provides 70 square feet of usable floorspace per bed. Resident Bedroom #3 also measures short of the required 80 square feet for a single resident bedroom space and a variance approving this smaller resident bedroom space was approved due to the previous history of the license. Finally, the home is in compliance with all applicable state fire safety and environmental health standards.

The indoor living area measured 34' X 29' 2" and dining area measured 15' 8" X 32' 11" for a total of 1,500 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 16 residents. 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 16 male and/or female residents age 45+ who have a physical handicap or are aged or who have Alzheimer's disease or related conditions. The objectives of the program are to provide high-quality care in a clean, friendly and inviting environment, to maintain or improve residents' functional skills and quality of life, to foster social interaction and activity to promote cognitive stimulation, to offer safety and to provide an appetizing menu. The applicant expressed an intent to provide security by keeping things simple and routine, encouraging interaction, and communication with smiles and humor. The admission policy indicated criteria for placement in or transfer or discharge from a program for residents with Alzheimer's disease or related conditions. The applicant intends to utilize the resident health care appraisal, interview, and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs. The applicant has determined the facility can accommodate residents who are aggressive, act out sexually, exit seek, or require assistance from two staff members for mobility or other activities of daily living.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The applicant intends to assess each resident personally to determine the required level of care. All interventions will be implemented only by staff trained in the intervention techniques. Staff will be trained initially and on an ongoing basis on proper ways to care for residents with Alzheimer's disease and similar conditions by the applicant or designated representative.

Residents will be engaged in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living. Residents will be able to participate in physical activities such as chair exercises with balls and beanbags daily. The applicant intends to provide other daily activities, such as music, crafts, movies, pet therapy, or spa day.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

The applicant intends to accept referrals from Tri-County Office on Aging, Program Of All Inclusive Care for the Elderly (PACE), or residents with private sources for payment. No supplemental fees will be charged for services provided to patients or residents with Alzheimer's disease or related conditions.

C. Applicant and Administrator Qualifications:

The applicant is Divine Life Assisted Living Center 2, LLC a "Domestic Limited Liability Company", established in Michigan on 02/21/2020. 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 members of Divine Life Assisted Living Center 2, LLC have submitted documentation appointing Achal Patel as licensee designee and administrator for this facility.

Criminal history background checks of the applicant and administrator were completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. Patel submitted statements from a physician documenting his good health and current negative tuberculosis test results dated 10/09/2020.

Mr. Patel provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Patel currently operates one licensed AFC group homes and has successfully done so since 9/18/2018. Mr. Patel currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Mr. Patel has experience caring for residents diagnosed with physical handicaps in his currently licensed facility. Mr. Patel holds a doctorate degree in physical therapy from Des Moines University. Mr. Patel holds a degree in sports medicine and sports physical therapy. Mr. Patel has performed home care for the middle – aged and geriatric population as a licensed physical therapist for 19 years.

The staffing pattern for the original license of this 16-bed facility is adequate and includes a minimum of two staff for 16 residents per shift. Due to a change in ownership the facility presently has 13 residents admitted and one staff member is scheduled to

care for residents including during sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs and also due to the arrangement of the physical setting. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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 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 and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee will administer medication to residents. In addition, the applicant 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 applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledge 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 follow the retention schedule for all of the documents that are 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility, though the facility is one level.

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 group home with a capacity of 16 residents.



11/16/20

Leslie Herrguth
Licensing Consultant

Date

Approved By:



11/20/2020

Dawn N. Timm
Area Manager

Date