



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 5, 2021

Rochelle Lyons
Senior Living Devonshire, LLC
7927 Nemco Way, Ste 200
Brighton, MI 48116

RE: Application #: AL440406519
Devonshire Retirement Village
101 Devonshire Drive
Lapeer, MI 48446

Dear Ms. Lyons:

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 20 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 blue ink, reading "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL440406519
Applicant Name:	Senior Living Devonshire, LLC
Applicant Address:	7927 Nemco Way, Ste 200 Brighton, MI 48116
Applicant Telephone #:	(810) 240-0724
Licensee Designee:	Rochelle Lyons
Administrator:	Colleen Cavanaugh
Name of Facility:	Devonshire Retirement Village
Facility Address:	101 Devonshire Drive Lapeer, MI 48446
Facility Telephone #:	(810) 240-0724
Application Date:	11/18/2020
Capacity:	20
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/02/2020	Inspection Completed-Fire Safety : A See AL440257936
11/18/2020	Enrollment
11/20/2020	Application Incomplete Letter Sent App - Boxes 14 & 16; 1326 for Rochelle (LD); AFC100 for Colleen (Admin)
12/10/2020	Contact - Document Received 1326 for Rochelle
12/17/2020	Contact - Document Received AFC100 for Colleen (Admin)
12/22/2020	Contact - Document Received Boxes 14 & 16 per Lindsey Haley, VP of Operations
02/24/2021	Application Incomplete Letter Sent
07/26/2021	Application Complete/On-site Needed
08/04/2021	Inspection Completed On-site
08/04/2021	Inspection Completed-BCAL Full Compliance
08/04/2021	Environmental Health Inspection- A
08/04/2021	Exit Conference Exit conference with Colleen Cavanaugh, administrator.
08/05/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level building, located in a residential area in the City of Lapeer, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Senior Living Devonshire LLC, the applicant. Senior Living Devonshire LLC is a domestic limited liability company organized on 9/4/20. This facility has been continuously licensed as an adult foster care facility since 2/4/04. This original license is being issued due to Senior Living Devonshire, LLC purchasing the facility from the previous owner.

There are seven (7) furnaces and hot water heaters located in mechanical rooms with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnaces and hot water heaters were inspected on approved on 4/15/21. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the home. This facility is wheelchair accessible.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 8/4/21. This facility has 20 private suites with each suite having a bedroom, a bathroom, and a small kitchenette. The bedrooms are as follows;

Bedroom #	Total Sq. Ft.	Resident Beds	Private bathroom
1	277 sq. ft.	1	Full Bath
2	277 sq. ft.	1	Full bath
3	277 sq. ft.	1	Full Bath
4	277 sq. ft.	1	Full bath
5	277 sq. ft.	1	Full bath
6	277 sq. ft.	1	Full bath
7	277 sq. ft.	1	Full bath
8	277 sq. ft.	1	Full bath
9	277 sq. ft.	1	Full Bath
10	277 sq. ft.	1	Full bath
11	516 sq. ft.	1	Full bath
12	516 sq. ft.	1	Full bath
13	516 sq. ft.	1	Full bath
14	516 sq. ft.	1	Full bath
15	516 sq. ft.	1	Full bath
16	516 sq. ft.	1	Full bath
17	978 sq. ft.	1	Full bath
18	978 sq. ft.	1	Full bath
19	978 sq. ft.	1	Full bath
20	978 sq. ft.	1	Full bath

This facility contains a private dining area for residents to entertain friends and family measuring 221 sq. ft. The main living area of this facility measures 750 sq. ft. with an additional small sitting area measuring 100 sq. ft. This facility also contains a medication room, staff office, full industrial kitchen with dining area large enough for all 20 residents. This facility contains a laundry room adequate to meet the needs of 20 residents.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The facility has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Senior Living Devonshire LLC., submitted a copy of the required documentation. 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 20 male or female ambulatory adults, age 50 or older, who are aged and/or physically handicapped 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 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 applicant will ensure that the resident's transportation for program and medical needs are met. Woodland Park will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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 Senior Living Devonshire LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 9/4/20. 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 Senior Living Devonshire, L.L.C. has submitted documentation appointing Rochelle Lyons as Licensee Designee and Colleen Cavanaugh as Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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.

The applicant 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 employee's record to demonstrate compliance.

The applicant 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, 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 acknowledges their 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, the applicant acknowledges their 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.

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

The applicant 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. The applicant 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.

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

The applicant acknowledges their 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, the applicant acknowledges their 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.

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

D. Rule and Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



8/5/21

Kent W Gieselman
Licensing Consultant

Date

Approved By:



8/5/21

Mary E Holton
Area Manager

Date