



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 8, 2022

Kaili Murray
Transition Assisted Living, LLC
3437 St Nicolas 31st Rd
Rock, MI 49880

RE: Application #: AL210412806
Transition Assisted Living
128 Michigan Ave
Gladstone, MI 49837

Dear Ms. Murray:

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 cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL210412806

Licensee Name: Transition Assisted Living, LLC

Licensee Address: 3437 St Nicolas 31st Rd
Rock, MI 49880

Licensee Telephone #: (310) 990-8509

Administrator/Licensee Designee: Kaili Murray

Name of Facility: Transition Assisted Living

Facility Address: 128 Michigan Ave
Gladstone, MI 49837

Facility Telephone #: (906) 420-8900

Application Date: 05/23/2022

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODOLOGY

03/01/2022	Inspection Completed On-site
04/14/2022	Inspection Completed On-site
05/02/2022	Inspection Completed Fire Safety A
05/05/2022	Inspection Completed-BCAL Full Compliance
05/05/2022	Inspection Completed On-site
05/05/2022	Inspection Completed- Env. Health: A
05/23/2022	On-Line Enrollment
05/24/2022	Application Incomplete Letter Sent
05/25/2022	Contact - Document Received Remaining documents received
05/26/2022	PSOR on Address Completed
6/08/2022	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Transition Assisted Living, LLC is located at 128 Michigan Avenue, within the city of Gladstone, Michigan. The facility is a large, single-story building. The facility was

formerly a medical clinic, now totally transformed into a beautiful home-like setting. The facility is fully handicapped accessible.

The facility is in close proximity to parks, service provider organizations, medical resources, and shopping areas. The facility is owned by Dave and Crystal Hayes and a copy of the warranty deed was submitted and is maintained in the file.

The single-story home has 6748 square feet. There are 17 approved bedrooms. The home has a large kitchen and a large open plan dining/sitting area. There is also a large living room (510 square feet) available for resident use. The home has an additional game room (180 square feet) available for residents and their visitors. In addition, there is a large state-of-the-art media room (472 square feet) furnished with luxury seats used for movies/entertainment/spiritual services. There is also a fitness room (307 sq. feet) and in house salon and spa area. The home has a large, front patio outdoor sitting area for the enjoyment of residents. There are 3 full resident bathrooms, all which have full walk-in shower/tub facilities. The home is very neat, modern, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	96 sq. ft.	Approved capacity 1
Bedroom #2	96 sq. ft.	Approved capacity 1
Bedroom #3	96 sq. ft.	Approved capacity 1
Bedroom #4	96 sq. ft.	Approved capacity 1
Bedroom #5	96 sq. ft.	Approved capacity 1
Bedroom #6	96 sq. ft.	Approved capacity 1
Bedroom #7	85.32 sq. ft.	Approved capacity 1
Bedroom # 8&9	187.2 sq. ft.	Approved capacity 2
Bedroom #10	97.2 sq. ft.	Approved capacity 1
Bedroom #11	85.2 sq. ft.	Approved capacity 1
Bedroom #12	96 sq. ft.	Approved capacity 1
Bedroom #13	96 sq. ft.	Approved capacity 1
Bedroom #14	85.32 sq. ft.	Approved capacity 1
Bedroom #15	85.32 sq. ft.	Approved capacity 1
Bedroom #16	85.32 sq. ft.	Approved capacity 1
Bedroom # 17&18	228 sq. ft.	Approved capacity 2
Bedroom # 19&20	137.64sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 20 residents as requested on the application. The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The heating, plumbing, and electrical units were inspected by licensed contractor Kevin Priebe (License # 2101199611), on 01/06/2022 and found to meet all code requirements. A letter of compliance is on file.

The facility has an interconnected smoke detection system and sprinkler system that was installed and found to be in full compliance with Bureau of Fire Safety on 01/10/2022.

The home is serviced by municipal water and sewage within the city of Gladstone. An interior environmental inspection was completed by this consultant on 03/01/2022, 04/14/2022 and on 5/5/2022. During the 5/5/2022 inspection the facility was rated full compliance.

B. Program Description

The facility proposes to serve both male and female adults 35 and older that are Physically Handicapped, Developmentally Disabled, Alzheimer's, and/or Aged. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. Amenities noted are home cooked meals, including optional room-service dining, weekly activity calendars, games, cocktail hours, movie nights, social gatherings, and outings. In addition, beauty and health services, massage therapy, and fitness classes will be offered on site.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Family involvement will be encouraged. The goal is to help each resident to be part of the community in a 'family type' atmosphere.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Kaili Murray, the licensee and administrator. Ms. Murray submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Administrator Kaili Murray has several years of experience working with the elderly population and working in both skilled nursing and Homes for the Aged settings.

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

The staffing pattern for this 20-bed facility is adequate and includes a minimum of 1 staff per 5 residents on the awake-shift and 1 staff to 5 residents during the sleep shift. The facility does not intend to accept residents in need of 2-person transfers.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

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

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee submitted adequate sample menus and acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their 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, the licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

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 temporary license to this AFC adult large group home (capacity 13-20).

Maria DeBacker

6/8/2022

Maria DeBacker
Licensing Consultant

Date

Approved By:

Mary Holton

6/8/2022

Mary Holton
Area Manager

Date