



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 3, 2023

Carol DelRaso
Maple Lake Assisted Living & Memory Care
677 Hazen Street
Paw Paw, MI 49079

RE: Application #: AH800412723
Maple Lake Assisted Living & Memory Care
677 Hazen Street
Paw Paw, MI 49079

Dear Ms. DelRaso:

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 70 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 (877) 458-2757.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Krausmann".

Andrea Krausmann, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(586) 256-1632

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH800412723
Applicant Name:	Senior Living Maple Lake LLC
Applicant Address:	7927 Nemco Way, Ste 200 Brighton, MI 48116
Applicant Telephone #:	810-220-0200
Authorized Representative:	Carol DelRaso
Name of Facility:	Maple Lake Assisted Living & Memory Care
Facility Address:	677 Hazen Street Paw Paw, MI 49079
Facility Telephone #:	(269) 657-0190
Application Date:	04/25/2022
Capacity:	70
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/25/2022	Enrollment
04/25/2022	Contact - Document Received 1326, 1606,1603
05/20/2022	Application Incomplete Letter Sent HFA application returned to applicant's authorized representative (AR) Carol DeIRaso asking her to forward it to LLC member Robert Czapiewski for completion, as Section IV was left blank.
07/25/2022	Contact - Document Sent Incomplete application sent to CommonSail Compliance Coordinator Shannon Van Houten, as I received no response from AR Carol DeIRaso.
07/26/2022	Application Incomplete Letter Sent Policies and procedures requested sent to AR C. DeIRaso via email cc: Shannon Van Houten
08/08/2022	Contact - Document Received Original application updated 8/3/22 including Section IV. Therefore, this application will replace the 4/1/22 application that was rec'd on 4/25/22.
10/10/2022	Inspection Completed-Fire Safety: C Temporary approval until 11/30/2022 by Bureau of Fire Services (BFS) inspector Larry Lamb for license #AH8003155846 at this same address, may also be used for this applicant.
11/22/2022	Inspection Completed-Fire Safety : C Temporary approval until 1/31/2023 by BFS inspector Larry Lamb for license #AH8003155846 at this same address, may also be used for this applicant.
01/09/2023	Inspection Completed-Fire Safety: A Follow-up conducted by BFS inspector Larry Lamb for license #AH8003155846 at this same address, may also be used for this new applicant.
02/02/2023	Contact - Document Received Attestation letter from applicant's authorized representative Carol Delraso, that the facility's generator meets compliance with MCL333.21335.
02/02/2023	Contact - Document Received

Attestation letter from applicant's authorized representative Carol Delraso, that the facility will not hold any resident funds nor refundable deposits, therefore, a surety bond is not required.

- 05/12/2023 Contact - Document Sent
Returned resident handbook to CommonSail Licensing Coordinator Lisa Kelmer. It notes that meals are available to guests, therefore, a food service establishment license is required.
- 05/25/2023 Contact - Document Received
George Friday RS/REHS Director Environmental Health Division Van Buren/Cass District Health Dept. sent an email to CommonSail Licensing Coordinator, Lisa Kelmer, that reads, "To Whom It May Concern: Maple Lake Assisted Living is not required to hold a Food License through the Van Buren/Cass District Health Department. Please contact me if there are any questions or concerns about this matter." Therefore, the facility will serve guest meals without attaining a food service establishment license.
- 06/05/2023 Inspection Completed On-site
On-site conducted with administrator Marianne Love, maintenance staff Dave Boot, and kitchen staff Mason House. Various items of non-compliance observed.
- 06/05/2023 Contact - Document Received
While on-site, Ms. Love provided a written request from the applicant's authorized representative, Carol DelRaso, requesting a change in the license's capacity.
- 06/06/2023 Contact - Document Received
Ms. Love provided closet dimensions of identified rooms requested to be double occupancy. Sufficient closet space determined. Also, the number of bathing and toilet rooms, the resident rooms sizes, and the day/dining/activity space in the assisted living area, to support this increase capacity, appears adequate according to historical Health Facilities Engineering room sheets.
- 06/07/2023 Contact - Document Sent
Notified AR Carol DelRaso and applicant's staff Lisa Kelmer that the request for a change in capacity will require a revised application from the applicant.
- 06/08/2023 Contact – Document Sent

Email to BFS inspector Larry Lamb inquiring about the use of: heat lamps and towel warming device in bathrooms.

06/08/2023

Contact – Document Sent

List of 06/05/2023 out-of-compliance items sent via email to authorized representative (AR) Carol DelRaso cc: administrator M. Love; licensing coordinator L. Kelmer and area manager A. Moore:

R325.1964(9)(b) Exhaust ventilation was not functioning in all required rooms, such as, two community resident rooms located just outside memory care unit and the memory care shower room across from room 36.

R325.1976(8) Thermometers were not present in all refrigerators and freezers, such as, Resident room #23 freezer; Ackley Terrace Community room refrigerator and freezer; Marie Lake Community room refrigerator and freezer; and the memory care serving kitchen refrigerator and freezer.

R325.1979(1) The building and equipment were not kept in good repair, such as, Memory care unit exit #6 door was out of square, and the metal device on the top of the door no longer contacted with the corresponding device on the door frame. Consequently, the door alarm did not alert staff when the door was opened without using the key code. Also, the memory care shower room door across from room #36 had the self-closer removed leaving a broken hole in the door; and the dishwasher in the memory care serving kitchen was no longer functioning.

MCL333.20178(1)(e) The memory care unit did not provide a physical environment and design features appropriate to support the function of residents with Alzheimer's disease or a related condition:

- The memory care unit windows had lock devices that are easily pushed in and allow the windows to fully open.

Also, the windows were designed to be tilted-in and open fully.

- Memory care unit resident room #35 had a 1/3 full container of urine setting alongside a plastic drinking cup, on the nightstand next to the resident's bed. The room door was open and accessible to all memory care unit residents.

MCL333.20201(1)(2-8) MCL333.20202(1-7) The resident rights poster posted on a wall in the assisted living area was outdated and did not contain current language as required by MCL333.20201(2).

R325.1921(1)(b) There was a lack of an organized program of protection and safety:

Resident room #23 had a bedside assistive device consisting of a U-shaped metal handle on the wall that dropped down and extended alongside the bed. The resident said the device is to assist her with re-positioning when in bed.

However, the U-shaped device had a significant space in-between the metal tubing that would allow a limb, or possibly even her head, to become entangled. Also, the measurement between the mattress and the device appeared to create an entanglement zone.

Administrator Marianne Love said the device was permitted if there is a physician's order. On 06/06/20253, Ms. Love submitted a *Bedside Mobility Aids Standard Operating Procedure*. However, the *Procedure* lacks a program of protection and safety in regard to: Utilizing the bedside assistive device specifically identified and prescribed by the resident's physician; assuring installation according to manufacturer's instructions by a qualified individual; ensuring measurements between the device and the bed, and measurements between the device itself, do not have or create potential entanglement zone(s). Also, the *Procedure* does not address staff training requirements for conducting routine measurements, along with on-going observation for potential entanglement zones to develop; on-going monitoring of the device for proper function and good repair; addressing the use of the device in the resident's service plan both for proper use and for staff monitoring the resident when the device is in use; and for addressing the resident's ability to summon staff assistance when needed, while the device is in use.

R325.1953(1) The facility posted a cyclical set of weekly menus that were not dated to delineate which menu was in effect for the current day/week. Also, the therapeutic diet menus were identical to that of the regular diet menus. There were no identified differences [i.e. portion size, texture alteration/modification, food item exchanges, etc.] between the regular and therapeutic diet menus.

Also, provided BCAL1600 Home for the Aged Application form to change capacity requested and possibly management company from Leisure Living to CommonSail.

06/08/2023

Contact – Telephone Call Made

Left voice mail for AR C. DelRaso re: I have two different email addresses for her.

- 06/09/2023 Contact – Document Sent
Email to AR C. DelRaso, admin M. Love and Lic Coord. Lisa Kelmer that I have two different email addresses for C. DelRaso and left voice mail with no response. L. Kelmer responded both email addresses and phone number are correct.
- 06/13/2023 Contact – Document Received
Revised HFA application dated 06/12/2023 changing requested # of beds from 64 to 70. This updated application will replace original application rec'd on 04/25/2022.
- 06/15/2023 Contact – Telephone Call Made
Called L. Kelmer re: no response from C. DelRaso. L. Kelmer will look into the matter.
- 06/15/2023 Contact – Document Received
Email from AR C. DelRaso in response to my 6/9/23 email and 6/8/23 voice mail. Ms. DelRaso wrote she confirms correct email address and phone connection. Stated she left a voice mail at 5 pm tonight and she is hopeful to connect with me tomorrow.
- 06/16/2023 Contact – Telephone Call Made
Left voice mail and follow-up email to AR Carol DelRaso again - trying to contact her about the 6/8/23 list of findings that she has yet to acknowledge.
- 06/16/2023 Contact – Telephone Call Received
Carol DelRaso called. I explained R325.1911(3)(b)(c) that the dept. needs to communicate with her as authorized representative (AR) for the applicant, about licensure of this home. Ms. DelRaso did not attend the licensing on-site inspection; and Ms. DelRaso did not acknowledge receipt of the 6/8/23 list of findings that I sent until I prompted again on 6/15/2023. I explained that she and I need to communicate about this home, or I will be required to inform the applicant/owner. I asked that she acknowledge receipt of my 6/8/23 findings and submit evidence of compliance when all is attained. Ms. DelRaso sent an email confirming such.
- 06/29/2023 Contact – Document Received
Carol DelRaso submitted email stating 150 thermometers were purchased and placed into each apartment freezer/refrigerator -

no mention of thermometers placed in community refrigerators/freezers; also, email indicates resident room #35 urinal was discarded and staff were instructed; in addition, photo and verbiage indicating resident rights & responsibilities posted. Also, submitted some other photos. I returned a few items for additional information and/or revisions and identified some items that were not addressed.

- 06/29/2023 Contact – Document Sent
Follow up email to BFS inspector Larry Lamb about heat lamps and towel warming device.
- 07/10/2023 Contact – Document Received
Authorized Representative Carol DelRaso submitted email indicating the following:
R325.1964(9)(b) Exhaust vents are allegedly fixed but the videos that Ms. DelRaso submitted do not function;
R325.1976(8) Ms. DelRaso wrote that 150 thermometers were purchased to be placed in resident room refrigerators but no mention of the thermometers needed in Ackley Terrace Community Room, Marie Lake Community room and the Memory Care serving kitchen refrigerators & freezers;
R325.1979(1) Ms. DelRaso wrote that the Memory Care unit exit #6 door was repaired. Also, a photograph was submitted of memory care shower room door across from room #36 with self-closer now replaced, and a photograph demonstrating that memory care kitchen had non-functioning dishwasher removed;
MCL333.20178 Ms. DelRaso wrote the windows in memory care area had their tilt devices removed and L brackets were installed to prevent the windows opening more than a few inches;
Also Ms. DelRaso wrote that the urinal was removed from the resident's room and staff were instructed on safety of urinal at bedside;
MCL333.20201 Ms. DelRaso wrote that resident rights and responsibilities poster was posted outside the executive director's office;
R325.1921(1)(b) Ms. DelRaso submitted a photograph of Devon rail with cover in place for room #23 and a monthly audit of the device. A bedside assistive device policy was also provided but it does not address the use of a Devon rail;
R325.1953(1) an example menu was also provided.
- 07/11/2023 Contact – Face-to-face
Facetime with AR Carol DelRaso and administrator Marianne Love to verify completion of various items above. Therapeutic

	menus still need revising and BFS approval of ceiling heat lamps and towel warmer device.
07/12/2023	Contact – Document Received Therapeutic menus received.
07/12/2023	Contact – Document Sent Email to BFS inspector Larry Lamb follow-up requesting BFS position of using heat lamps and towel warmers in resident occupied bathrooms.
07/12/2023	Contact – Document Received BFS inspector Larry Lamb emailed that he reached out to his supervisor, they did not find anything in the fire safety rules that would prohibit them, therefore, he would not hold up license issuance.
07/14/2023	Contact – Document Received Revised bedside assistive device policy incorporating the use of a Devon rail was submitted by AR C. DelRaso

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility at 677 Hazen Street Paw Paw is a single-story free standing residential building constructed in 2012 and has been occupied and licensed as a home for the aged since. It is centrally located in Van Buren County. The building is on the west side of Hazen Street, a two-lane road zoned 30 mph, within a wooded residential area. The driveway and parking lot are located along the front and north side of the building. There is a drainage pond behind the building.

The facility’s main entrance leads into the assisted living area of the facility. This area is designed for residents that require assistance with activities of daily living. The assisted living area includes the lobby, administrative offices, the main kitchen, dining room, hair salon, staff break room, staff offices/desk areas, various activity spaces, and laundry service room. There are 32 residential units in this assisted living area with 24 units proposed for double occupancy, for a total capacity of 56 beds in this area. Specifically, the double occupancy room numbers are: 3, 4, 5, 6, 7, 8, 9, 10, 15, 16, 17, 18, 19, 20, 23, 24, 25, 26, 41, 42, 43, 44, 45, 46.

Various unit configurations are available in this assisted living area including studios, one-bedroom, and one-bedroom deluxe units. Some units have glass slider door walls that allow residents direct egress. Each assisted living unit has its own attached

bathroom with shower, individualized heat/AC thermostat control, and compact refrigerator.

The facility's memory care area is U-shaped with two designated hallways of residential units located along the northwest corner of the building. It is a secured area designed for individuals who have been diagnosed with Alzheimer's disease or a related condition. There are 14 studio units in the memory care area, all designated for single occupancy. Each memory care unit has its own attached bathroom with shower. Some rooms have and individualized heat/AC unit, others have HVAC controls located in a mechanical room accessible only to staff.

The memory care area can be entered via the assisted living area. For resident safety, main exit doors in the memory care area are secured with numbered keypads to be opened with staff assistance. Windows in this memory care area reportedly had the tilt in device removed, so the windows cannot tilt in. Also, these windows are reportedly equipped with "L" bracket-type devices so that they can only be opened a few inches, for resident safety.

The memory care unit has its own dining room, a meal service area, a staff office/desk area, and activity space. Meals are prepared in the main kitchen and then transported into the memory care unit for serving.

A bed and bedside table along with towels, washcloths, and bedding are available to all residents, although residents are encouraged to bring their own furniture and personal belongings for their own comfort.

Emergency pull cords are present in all bathrooms to summon assistance from staff. Personal emergency pendants are available upon request to summon staff assistance.

The facility has two exterior courtyards along the north and west sides of the building, accessible by the residents in the assisted living and memory care areas. The courtyards are enclosed with decorative metal fencing approximately five feet to five and a half foot tall.

The facility is equipped with a whole home fire suppression system. According to the Bureau of Fire Services, residents of a home for the aged licensed under Chapter 19 are expected to "shelter-in-place" in case of fire. If smoke and/or fire are present within the residents' immediate area, then those residents move to the adjacent unaffected smoke compartment/safe area of refuge. Residents evacuate the building if/when the building is deemed to be uninhabitable by the fire department/first responders/administration.

This facility has city water and sewer.

B. Program Description

The facility has been continuously licensed as a home for the aged since 10/31/2012. As a result of a change of ownership, on 04/25/2022 Senior Living Maple Lake LLC submitted a home for the aged license application under building fire safety type Chapter 19 Existing Health Facility with programs for serving aged residents and those with Alzheimer's disease or a related condition. A bill of sale dated 10/26/2020 was submitted to the department, which confirmed the change ownership of the operation and necessitated application for a new license.

The facility, to be named Maple Lake Assisted Living & Memory Care, is operated by Senior Living Maple Lake LLC. A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs Corporations Online Filing System revealed Senior Living Maple Lake LLC is a domestic limited liability company with an organization date of 09/04/2020.

As a licensed home for the aged, Senior Living Maple Lake LLC proposes to provide room, board, and supervised personal care to individuals aged 55 and older in the facility known as Maple Lake Assisted Living & Memory Care. The facility also represents to the public the provision of services to individuals with Alzheimer's disease or related conditions. Initial and ongoing training will be provided to all staff including specialized training for those working in the memory care area.

On 02/02/2023, Senior Living Maple Lake LLC's authorized representative, Carol DelRaso, submitted a letter attesting Maple Lake Assisted Living & Memory Care will not hold resident funds nor refundable deposits. Therefore, no surety bond is necessary.

On 05/25/2023, Senior Living Maple Lake LLC's management company CommonSail's Licensing Coordinator Lisa Kelmer submitted an email from George Friday RS/REHS Director Environmental Health Division of the Van Buren/Cass District Health Dept. that reads, "To Whom It May Concern: Maple Lake Assisted Living is not required to hold a Food License through the Van Buren/Cass District Health Department. Please contact me if there are any questions or concerns about this matter." Therefore, the facility will serve guest meals without attaining a food service establishment license.

C. Rule/Statutory Violations

On 10/31/2012, this facility was initially licensed as a home for the aged, and Dept. of LARA Health Facilities Engineering Section (HFES) engineer Andrea Humphrey documented Occupancy Approval, Room Sheets, and Floor Plan for 26 assisted living residential units, with 12 rooms approved for double occupancy for a total capacity of 38 beds.

On 10/11/2016, an addition was built, and the capacity was increased. Ms. Humphrey documented Occupancy Approval, Room Sheets, and Floor Plan approving the newly constructed six double-occupancy rooms in the assisted living area, and another 14 single-occupancy rooms in a memory care area. This enlarged the home to 46 residential units and a total capacity to 64 beds.

On 06/13/2023, this applicant, Senior Living Maple Lake LLC, submitted a revised application to increase in capacity from the previous 64 bed capacity to 70 beds, by requesting to reduce capacity of rooms numbered 21 and 22 to single-occupancy, and adding double occupancy to eight assisted living area rooms. Specifically, rooms 7, 8, 9, 10, 17, 18, 19, and 20.

Review of the historical HFES documentation of resident room sizes and the day/dining/activity space available to the residents in the assisted living area, along with sizes of the closets and the number of bathing and toilet rooms, there is compliance to support this increased capacity. Therefore, the assisted living area will now be approved for 32 assisted living units, with 24 approved for double occupancy, for a total of 56 assisted living beds. The memory care area will continue to be approved for fourteen single-occupancy rooms. This results in the home having 46 residential units with total capacity of 70 beds. Specifically, the 24 double occupancy room numbers are: 3, 4, 5, 6, 7, 8, 9, 10, 15, 16, 17, 18, 19, 20, 23, 24, 25, 26, 41, 42, 43, 44, 45, 46.

On 02/02/2023, Senior Living Maple Lake LLC's authorized representative Carol DelRaso submitted a letter attesting the facility's generator meets compliance with MCL333.21335, in that given an interruption of the normal electrical supply it is capable of providing no less than four hours of service and it generates enough power to provide lighting at all entrances and exits and to operate equipment to maintain fire detection, alarm, and extinguishing systems, telephone switchboards, heating plant controls, and other critical mechanical equipment essential to the safety and welfare of the residents, personnel, and visitors.

On 01/09/2023, the Dept. of LARA Bureau of Fire Services (BFS) state fire inspector Larry Lamb issued fire safety certification approval for the current licensee at this address. This approval may be utilized for this applicant.

On 06/08/2023, I made a referral to Mr. Lamb regarding the use of heat lamps and towel warming devices in bathrooms. On 07/12/2023, Mr. Lamb emailed that he reached out to his supervisor, they did not determine fire safety rules would prohibit them, therefore, he would not hold up license issuance.

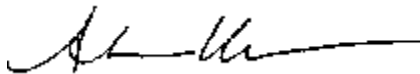
On 06/05/2023, I conducted an on-site inspection of the building with the facility's administrator Marianne Love. Several items were identified to be out of compliance. On 06/08/2023, I emailed a list of the out-of-compliance items to authorized representative (AR) Carol DelRaso.

On 06/29, 07/10, 07/11, 07/12 and 07/14/2023, the applicant Senior Living Maple Lake LLC's authorized representative, Carol DelRaso, submitted documentation, photos, videos, and conducted a Facetime telephone call to demonstrate the items that have been brought into compliance.

Therefore, the study has now determined substantial compliance with Public Health Code Act 368 of 1978, as amended, and the administrative rule requirements related to a licensed home for the aged.

IV. RECOMMENDATION

It is recommended that a temporary 6-month home for the aged license/permit for this facility be issued. The terms of the license will enable the licensee to operate a home for the aged with a total capacity of 70 licensed beds and programs for aged and Alzheimer's disease or related condition care.



07/12/2023

Andrea Krausmann
Licensing Staff

Date

Approved By:



08/01/2023

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date