



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 17, 2023

Sarah Mapili  
New Horizons Senior Living Corporation  
15315 Theresa CT.  
Clinton Township, MI 48038

RE: Application #: AS500417305  
**New Horizons Senior Living**  
**15315 Theresa Ct.**  
**Clinton Township, MI 48038**

Dear Ms. Mapili:

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 black ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd  
Detroit, MI 48202

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500417305
<b>Applicant Name:</b>	New Horizons Senior Living Corporation
<b>Applicant Address:</b>	15315 Theresa Ct. Clinton Township, MI 48038
<b>Applicant Telephone #:</b>	(248) 495-0493
<b>Administrator/Licensee Designee:</b>	Sarah Mapili,
<b>Name of Facility:</b>	New Horizons Senior Living
<b>Facility Address:</b>	15315 Theresa Ct. Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(248) 495-0493
<b>Application Date:</b>	08/02/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

08/02/2023	Enrollment
08/03/2023	PSOR on Address Completed
08/03/2023	Contact - Document Received 1326
08/03/2023	File Transferred To Field Office
08/23/2023	Application Incomplete Letter Sent
10/20/2023	Application Complete/On-site Needed
10/25/2023	Inspection Completed-Env. Health: A
10/25/2023	Inspection Completed-Fire Safety: A
10/25/2023	Inspection Completed On-site
10/25/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

New Horizons Senior Living is a single-story ranch style home located at 15315 Theresa Ct. Clinton Township, MI 48038. The area of the home that is designated for residents has two double occupancy bedroom, two single occupancy bedrooms, two full bathrooms, a living room, and a kitchen/dining area. The home is located in a suburban area of Clinton Township that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Clinton Township Police Department responds to emergency calls from the home. A hospital is located a few miles from the home.

The furnace, hot water heater, and laundry room are located in the utility room, which is separated from the main floor by a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside. The home is qualified for admission of residents who use a wheelchair, as it is equipped with ramps.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'6x11'1	173.2	2
2	17x15'2	258.4	2
3	11'6x11'1	128.8	1
4	14'9x11'5	171.4	1

**Total capacity: 6**

The living and sitting room areas measure a total of 532.53 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

## **B. Program Description**

New Horizons Senior Living intends to provide 24-hour supervision, protection, and personal care to six male or female residents, whose diagnosis is Alzheimer, aged, Traumatic Brain injury, or physically handicapped. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

New Horizons Senior Living will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care they need in a family-like setting. New Horizons Senior Living will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body and spirit. They will provide rehabilitative activities and programs to help residents regain lost function and independence on a short-term basis. The home will also professionally assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. New Horizons Senior Living will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities. The licensee will make arrangements as needed for a visiting physician, dentist, podiatrist, and home care, including nursing, occupational, physical and speech therapy.

### **C. Applicant and Administrator Qualifications**

The applicant is New Horizons Senior Living Corporation. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

New Horizons Senior Living Corporation appointed Sarah Mapili as the licensee designee and administrator for the facility. Ms. Sarah Mapili has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Sarah Mapili was previously approved as licensee designee of Touch of Care, LLC (Touch of Care Senior Living LLC - Chadbourne - AS500389833).

The licensee designee, Sarah Mapili, has a bachelor's degree from Emilio Aguinaldo College. She has over one year of experience as a director, coordinating and providing services to individuals whose diagnosis is Alzheimer, aged, Traumatic Brain injury, or physically handicapped. She also has over a year of experience as a direct in-home caregiver for the individual's diagnosis is Alzheimer, aged, Traumatic Brain injury, or physically handicapped. Licensing record clearance requests were completed for Sarah Mapili. Sarah Mapili submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Sarah Mapili 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.

Ms. Sarah Mapili acknowledged an understanding of the responsibility to assess the good moral character of employees and 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Sarah Mapili acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Sarah Mapili 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, Ms. Byrd acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Sarah Mapili acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Sarah Mapili acknowledged 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.

Ms. Sarah Mapili 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.

Ms. Sarah Mapili acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Sarah Mapili acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Friends and Family, Inc.

Ms. Sarah Mapili 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Sarah Mapili 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.

Ms. Sarah Mapili 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.

#### **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 small group home (capacity 1-6).



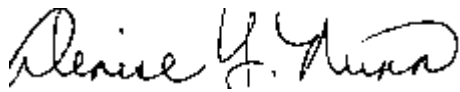
11/17/2023

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Eric Johnson  
Licensing Consultant

Date

Approved By:



11/17/2023

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Denise Y. Nunn  
Area Manager

Date