



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

March 18, 2004

Mr. Daryl Miron, Administrator  
Lakeview Assisted Living, LLC  
1615 Lakeshore Drive  
Gladstone, MI 49837

RE: Application #: AL210259500  
Lakeview Assisted Living  
1100 N. Lakeshore Drive  
Gladstone, MI 49837

Dear Lakeview Assisted Living, LLC:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant  
Office of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL210259500
<b>Applicant Name:</b>	Lakeview Assisted Living, LLC
<b>Applicant Address:</b>	1615 Lakeshore Drive Gladstone, MI 49837
<b>Applicant Telephone #:</b>	(906) 428-7071
<b>Administrator/Licensee Designee:</b>	Daryl Miron, Administrator
<b>Name of Facility:</b>	Lakeview Assisted Living
<b>Facility Address:</b>	1100 N. Lakeshore Drive Gladstone, MI 49837
<b>Facility Telephone #:</b>	(906) 428-7000
<b>Application Date:</b>	08/08/2003
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS TRAUMATIC BRAIN INJURED

## II. METHODOLOGY

08/08/2003	Enrollment
08/11/2003	Inspection Report Requested - Fire
08/11/2003	Inspection Report Requested - Health
11/17/2003	Inspection Report Requested - Fire Facility over 1/2 finished.
02/17/2004	Inspection Report Requested - Fire Final request.
02/20/2004	Inspection Completed On-site
03/11/2004	Inspection Completed-Env. Health : C
03/15/2004	Inspection Completed-Env. Health : A
03/15/2004	Inspection Completed-BFS Full Compliance
03/17/2004	Inspection Completed – Fire Safety A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a new construct located north of Gladstone, just off Highway US 2 and 41. The building has 11,000 square feet and has a beautiful view of Lake Michigan from all areas of the facility. The building is constructed with a complete automatic fire sprinkling system and it is serviced by municipal water and sewage. The facility is a barrier-free, single story home with a central living area (center court) consisting of a beautifully decorated large living room, huge stone fireplace, and large restaurant-style dining area. The facility meets the requirements of Rule 400.15405(8) regarding dining space for residents. The center court also has an office area, a full kitchen, hair salon, and library/visiting room.

On each side of the center court area is a wing of resident living units. Each unit consists of a bedroom with an adjacent bathroom and each unit has its own thermostat for temperature control. All units are equipped with an “emergency call system”. Bedroom units have the following dimensions minus the bathroom areas:

Bedroom #1	148 sq. ft.	Approved Capacity 1
Bedroom #2	148 sq. ft.	Approved Capacity 1
Bedroom #3	219 sq. ft.	Approved Capacity 1
Bedroom #4	219 sq. ft.	Approved Capacity 1

Bedroom #5	151 sq. ft.	Approved Capacity 1
Bedroom #6	144 sq. ft.	Approved Capacity 1
Bedroom #7	144 sq. ft.	Approved Capacity 1
Bedroom #8	144 sq. ft.	Approved Capacity 1
Bedroom #9	144 sq. ft.	Approved Capacity 1
Bedroom #10	144 sq. ft.	Approved Capacity 1
Bedroom #11	144 sq. ft.	Approved Capacity 1
Bedroom #12	144 sq. ft.	Approved Capacity 1
Bedroom #14	144 sq. ft.	Approved Capacity 1
Bedroom #15	336 sq. ft.	Approved Capacity 2
Bedroom #16	182 sq. ft.	Approved Capacity 1
Bedroom #17	182 sq. ft.	Approved Capacity 1
Bedroom #18	219 sq. ft.	Approved Capacity 1
Bedroom #19	219 sq. ft.	Approved Capacity 1
Bedroom #20	144 sq. ft.	Approved Capacity 1

Based on the above information, it is concluded that this facility has the square footage necessary to accommodate up to twenty (20) residents as requested on the application. The facility is full equipped with required furnishings, linens and dishware.

The Delta County Public Health Department conducted a final inspection of the facility's environmental health conditions on 03/15/2004. The Health Department recommendation determined that the facility is in substantial compliance with all applicable rules.

A final fire safety inspection was conducted by the Office of Fire Safety on 03/17/2004. The facility was found to be in full compliance with the rules.

## **B. Program Description**

The facility proposes to serve adults that are Aged, Traumatic Brain Injured (TBI) and/or have Alzheimer's Disease. The admission policy, program statements, discharge policy and the refund policy were reviewed and found to be in compliance with the rules.

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. The facility intends to sponsor activities such as bingo, shopping trips, fall color tours, musicians, etc.

Mr. Miron submitted an acceptable staffing pattern schedule for the home. Direct care staff are now being hired and trained to work in the facility. Acceptable personnel policies and job descriptions were received from Mr. Miron, demonstrating compliance with Rule 400.15206 and Rule 400.15207. On 03/15/2004, a discussion occurred with Mr. Miron relative to his responsibility to assess the good moral character of care

providers. Mr. Miron provided a description of the facility's employee screening procedures.

Facility menus are for the provision of three well-balanced and nutritious meals daily. The licensee is aware of and intends to comply with the provision of special diets that may be required for any resident.

Transportation to local medical appointments will be provided by the home as needed. Transportation to out-of-area appointments will be provided for a nominal fee.

Mr. Miron is aware of the licensee's responsibility to safeguard resident funds and valuables. Mr. Miron is familiar with Rule 400.14315, and has agreed to comply with the administrative rules in this section of the licensing rules for Large Group AFC Rules.

**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend that a temporary license be issued for the facility named LAKEVIEW ASSISTED LIVING, under the terms of Public Act 218 of 1979, as amended.

\_\_\_\_\_  
Theresa Norton Date  
Licensing Consultant

Approved By:

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Deborah Clark Date  
Area Manager