

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW

April 21, 2005

James Bowe Trinity Continuing Care Services P.O. Box 9185 Farmington Hills, MI 48333-9185

RE: Application #: AL610261127

Village at the Oaks #1

1st Floor

1740 Village Dr.

Muskegon, MI 49442

Dear Mr. Bowe:

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant Office of Children and Adult Licensing Unit 13, 7th Floor 350 Ottawa Avenue, N.W. Grand Rapids, MI 49503-2337 (616) 356-0111

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AL610261127

Applicant Name: Trinity Continuing Care Services

Applicant Address: # 400

39500 Orchard Hills Place

Novi, MI 48375

Applicant Telephone #: (248) 305-7910

Administrator/Licensee Designee: James Bowe, Designee

Name of Facility: Village at the Oaks #1

Facility Address: 1st Floor

1740 Village Dr.

Muskegon, MI 49442

Facility Telephone #: (231) 767-7100

08/22/2003

Application Date:

Capacity: 20

Program Type: AGED

PHYSICALLY HANDICAPPED

ALZHEIMERS

II. METHODOLOGY

| Enrollment |
|---|
| Inspection Report Requested - Health |
| Inspection Report Requested - Fire |
| Inspection Completed-Fire Safety : D |
| Inspection Completed-Fire Safety : A |
| Contact - Document Sent Sent letter to Ms. Van Antwerp, advising her to contact me for an inspection as soon as missing documents are obtained/completed. |
| Application Incomplete Letter Sent Confirming letter sent to Jim Bowe, requesting documentation/materials that are necessary to process this application. |
| Inspection Completed-Env. Health : A |
| Contact - Document Received Packet of documents from licensee |
| Application Incomplete Letter Sent |
| Application Incomplete Letter Sent |
| Inspection Completed On-site |
| Inspection Completed-BFS Full Compliance |
| |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Village at the Oaks #1 building is part of a new-construction 3 story building. An AFC facility known at Village at the Oaks #2 is located on the second floor. An assisted living (non-licensed) program is run on the third floor.

All bedrooms have private bathrooms. All but one style room has a contiguous private living are and all have a kitchen. A maximum of 2 persons will occupy each bedroom, per Rule 400.14409(4). There are 12 bedrooms of 4 different sizes. All of the bedrooms have enough square feet to accommodate 2 residents per bedroom.

The dining room and 3 sitting rooms provide living space. The dining room is 772 square feet, a sitting area is 104 square feet, and there are 2 end-of-hallway sitting areas of 166 square feet each. That equals 1,206 square feet, enough square feet to accommodate 20 residents.

B. Program Description

Village at the Oaks #1 caters to residents who are aged, handicapped, and afflicted with dementia. Residents 55 and older are accepted. The licensee is not prohibited from accepting mobility-impaired residents as the #1 building is at ground level. There are no live-in staff and third shift staff are awake.

C. Rule/Statutory Violations

No violations were discovered during the on-site inspection.

IV. RECOMMENDATION

Area Manager

| I recommend issuance of a temporary license to this AFC adult large group he (capacity 13-20). | | |
|--|----------|--|
| Leon M. Hale Licensing Consultant | Date | |
| Approved By: | | |
| Jack R Failla | Date | |