

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



August 18, 2010

Mary Black Scotland Manor Enterprises, LLC 1357 N. River Road St. Clair, MI 48079

RE: Application #: AS740282833

River's Edge Assisted Living

1427 Oakland

St. Clair, MI 48079

Dear Mrs. Black:

Attached is an amended Original Licensing Study Report for the above referenced facility. The report has been amended to correct the name of the licensee organization due to discovery of an error that occurred at the time of issuance of the license in 2006.

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 (586) 228-2093.

Sincerely,

Maureen J. Fisher, Licensing Consultant

Office of Children and Adult Licensing

39531 Garfield

Clinton Township, MI 48038

Manney Fisher

(586) 228-2368

cell: (586) 412-6832

enclosure

# MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT Amended 8/18/2010

## I. IDENTIFYING INFORMATION

**License #:** AS740282833

Applicant Name: Scotland Manor Enterprises, LLC

**Applicant Address:** 1357 N. River Road

St. Clair, MI 48079

**Applicant Telephone #:** (810) 650-5902

Administrator/Licensee Designee: Mary Black, Designee

Name of Facility: River's Edge Assisted Living

Facility Address: 1427 Oakland

St. Clair, MI 48079

**Facility Telephone #:** (810) 329-1112

Application Date: 03/31/2006

Capacity: 6

Program Type: MENTALLY ILL

AGED

#### II. METHODOLOGY

03/31/2006	Enrollment
04/05/2006	Application Incomplete Letter Sent
04/10/2006	Application Complete/file forwarded to field office for further processing.
07/17/2006	Application Incomplete Letter Sent
08/17/2006	Application Incomplete Letter Sent
10/18/2006	Inspection Completed On-site; final documents received.
10/25/2006	Inspection Completed-BFS Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The River's Edge Assisted Living facility is located on M-29 in the City of St. Clair; the home backs to the St. Clair River and is surrounded by both other homes and businesses. Medical, shopping, and social resources are located within close proximity of the facility. The lot on which the facility is situated is a standard, city-sized lot and is fenced on either side of the building but not along the back of the facility where the seawall is situated.

The structure of the home is a single-story, brick home with aluminum trim; a storage shed is located at the side of the home. The home is built on cement slab. The home was previously used as a private dwelling and was remodeled by the licensee to accommodate a group home. A full inspection of all systems of the home was conducted by a qualified inspector at the time of purchase; the inspector has indicated that the heating, cooling, sanitation, and electrical systems of the home are in good working order.

The home features a living room, family room, large kitchen with adjoining dining room, a laundry room, two bathrooms (one of which adjoins a resident bedroom), a lavatory, and five bedrooms. The dimensions of community space are as follow:

Living room	16'7" x 11'7"	192 square feet
Family room	11' x 22'11"	252.1 square feet
Dining room	10' x 14'8"	146.6 square feet

Community space totals 590.7 square feet, adequate by administrative rule for the proposed capacity of six residents.

The dimensions of the bedrooms are as follow:

Bedroom #1	10'8" 10'3"	109.3 square feet	Capacity 1
Bedroom #2	12'1" x 11'	132.9 square feet	Capacity 2, designated for 1
Bedroom #3	12'1" x 9'10"	118.8 square feet	Capacity 1
Bedroom #4	10'4" x 18'8"	192.8 square feet	Capacity 2, designated for 2
Bedroom #5	10'4" x 18'8"	192.8 square feet	Capacity 2, designated for 1

The bedroom square footage and current configuration of furnishings is sufficient for the proposed capacity of six residents, the maximum permitted by regulation for a small group home.

The home features both an interconnected multi-station smoke detection system powered by the home's electrical service and individual, battery-operated smoke detectors. The system is audible in all areas of the home. Fire extinguishers are installed within the home as required by regulation. The home features a gas fireplace located in the family room; the fireplace has been disabled and the applicant has submitted a letter indicating that the fireplace would not be used to comply with fire safety requirements.

#### **B. Program Description**

The River's Edge Assisted Living facility has been established to provide care to ambulatory aged adults, age 55 or older, of either sex. The facility is not wheelchair accessible.

This is the first adult foster care facility to be licensed to the applicant, Scotland Manor Enterprises, LLC. This newly established corporation has provided documentation verifying its financial capability. The licensee designee and administrator, Mary Black, has provided documentation verifying that she meets the health, experience, and training requirements of the administrative rules. Licensing clearance has been completed as to Mary Black. The applicant has indicated that all staff will meet the training and competency requirements in accordance with licensing rule requirements.

I have reviewed the personnel policies, job descriptions, and house rules submitted by the applicant and found that they meet all requirements. The applicant was provided with technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents. Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping, including the handling and accounting of resident funds.

#### C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity6).

Manney Ficher

10/25/2006

Maureen J. Fisher

Date

Licensing Consultant

Approved By:

10/26/2006

Barbara Smalley Area Manager Date

#### Amendment:

This report and the official record have been amended to correct an administrative error made at the time of issuance of the license. During an administrative review of supporting documents pertaining to the original licensure of the River's Edge Assisted Living Facility in, I discovered a discrepancy as to the naming of the corporate licensee. Mrs. Black, the licensee designee and administrator, had applied for licensure 03/13/2006 identifying the name of the corporation as M.T.B. Enterprises, Inc. but supplying documentation that the corporation was named Scotland Manor Enterprises, LLC. This consultant failed to note the discrepancy prior to issuance of the license 10/26/2006. On 8/16/2010, Mrs. Black confirmed that the correct name of the limited liability corporation for the facility is Scotland Manor Enterprises, LLC.

Maureen J. Fisher Licensing Consultant

Manney Ficher

08/18/2010 Date

Denise Y. Nunn Area Manager 08/18/2010 Date