



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 9, 2007

Dean Solden  
Larcyn Holdings, Inc.  
1252 N. Cochran Ave.  
Charlotte, MI 48813

RE: Application #: AL230290825  
Hope Landing  
1252 N. Cochran Ave.  
Charlotte, MI 48813

Dear Mr. Solden:

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 (517) 241-2585.

Sincerely,

Mary E Holton, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909-8150  
(517) 241-9513

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL230290825
<b>Applicant Name:</b>	Larcyn Holdings, Inc.
<b>Applicant Address:</b>	1252 Cochran Ave. Charlotte, MI 48813
<b>Applicant Telephone #:</b>	(517) 541-9525
<b>Administrator/Licensee Designee:</b>	Dean Solden
<b>Name of Facility:</b>	Hope Landing
<b>Facility Address:</b>	1252 N. Cochran Ave. Charlotte, MI 48813
<b>Facility Telephone #:</b>	(517) 541-9525 06/06/2007
<b>Application Date:</b>	
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMER'S PHYSICALLY HANDICAPPED

## II. METHODOLOGY

06/06/2007	Enrollment
06/12/2007	Contact - Document Sent fire safety letter
07/06/2007	Application Incomplete Letter Sent
09/27/2007	Inspection Completed On-site
10/11/2007	Inspection Completed-Fire Safety : D
10/15/2007	Application Incomplete Letter Sent
10/18/2007	Contact - Document Received
10/19/2007	Inspection Completed-Fire Safety : A
10/30/2007	Inspection Completed-BFS Sub. Compliance
10/31/2007	Confirming letter sent
10/31/2007	Contact- Document Received
11/02/2007	Contact – Documents Received
11/07/2007	Contact – Document Received Documents received from Mr. Solden.
11/07/2007	Inspection Completed- Env. Health: A
11/07/2007	Application Complete/Onsite Needed
11/08/2007	Inspection Completed-Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental

This facility is a newly built large ranch style home located in the City of Charlotte on a paved road. The exterior of the facility has blue and red Hardi Plank siding with white trim. There is ample parking in the front of the facility for residents and visitors. There is a cement sidewalk on the front and side of the building. There is a covered cement porch in the front of the facility.

The front door opens to the foyer area that connects to the common living area measuring 579 sq. ft and a large dining room measuring 559 sq. ft. There is an exit for the residents off the dining room. There is a private family dining room for residents to utilize with their families that measures 143 sq. ft. located west of the common living area. There are two offices and a bathroom in this same area. The kitchen is located east of the dining room area. There is an exit out of the kitchen for the staff.

The foyer also leads to east and west wings of the facility. The west wing contains 8 resident bedrooms and a corridor leading to the gazebo and a means of egress for the residents. The east wing contains a beauty salon, spa room, a laundry room, a half bathroom and 12 resident bedrooms. There is also an activity room measuring 233 sq. ft., and directly north of the activity room is a door connecting to a ramp for an additional means of egress. There is an exercise room that measures 84 square feet. At the end of the east wing is an exit for the residents. Each of the resident bedrooms contains a living area, bedroom, and a full bathroom. The resident bedrooms measured as follows:

Bedroom 101	330 square feet	1 Resident
Bedroom 102	330 square feet	1 Resident
Bedroom 103	380 square feet	1 Resident
Bedroom 104	380 square feet	1 Resident
Bedroom 105	380 square feet	1 Resident
Bedroom 106	380 square feet	1 Resident
Bedroom 107	375 square feet	1 Resident
Bedroom 108	375 square feet	1 Resident
Bedroom 109	330 square feet	1 Resident
Bedroom 110	330 square feet	1 Resident
Bedroom 111	405 square feet	1 Resident
Bedroom 112	405 square feet	1 Resident
Bedroom 113	330 square feet	1 Resident
Bedroom 114	330 square feet	1 Resident
Bedroom 115	330 square feet	1 Resident
Bedroom 116	330 square feet	1 Resident
Bedroom 117	380 square feet	1 Resident
Bedroom 118	380 square feet	1 Resident
Bedroom 119	380 square feet	1 Resident
Bedroom 120	380 square feet	1 Resident

There is an enclosed interior courtyard located near the center of the facility. A screened and sprinkled gazebo is also connected to the facility, facing the front of the building.

A separate gas furnace heats each of the 20 bedrooms. There are 3 additional gas furnaces in this facility. There are two gas hot water heaters located in the basement. The facility is cooled by central air conditioning.

Larcyn Holdings, Inc is the owner of this property.

1. Sanitation

The facility has a public water and septic system. The facility was approved by the Eaton County Health Department on 11/07/07. Waste removal will occur on a weekly basis.

2. Fire Safety

The facility utilizes an interconnected smoke alarm system. The Bureau of Fire Services gave this facility a full approval on 10/19/07.

**B. Program Description**

1. Administrative Structure and Capability

Mr. Solden is the Licensee Designee and Administrator for this facility. Mr. Solden submitted verification he has a Bachelor of Arts Degree and currently is licensed as a Nursing Home Administrator. Mr. Solden has submitted verification he has completed the required training and has several years of experience working with the physically handicapped, aged and Alzheimer's population.

2. Program Information

According to the program statement, the facility will provide care to men and women aged 18 and older that may be physically handicapped, aged, or diagnosed with Alzheimer's Disease and/or dementia. The doors are alarmed and the facility is equipped with sensor lighting outside. The facility is also equipped with Compass, a wireless call system that will be provided to each resident. Mr. Solden has submitted an acceptable Alzheimer's program statement to assure adequate care and supervision of residents diagnosed with Alzheimer's.

This facility is wheelchair accessible.

3. Facility and Employee Records

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by the consultant and are found to be in compliance.

The licensing Medical Clearance Request Form indicates that Mr. Solden is physically and mentally able to carry out his duties. Mr. Solden also completed a TB test with a negative result. Mr. Solden has assured that staff working in this facility will be of good health through the evidence of a TB test with a negative result prior to employment and by undergoing a physical examination within 30 days of employment.

The proposed staffing pattern is a minimum of two direct care staff to provide supervision to the 20 residents during each shift. The staff ratio will vary based on the needs of the residents. The facility will also have a nurse, kitchen manager, and administrative staff employed at this facility.

Emergency plans for medical emergencies; fire; facility repairs; and severe weather have been reviewed and found to be acceptable.

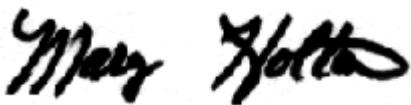
Resident records will be retained at the facility at all times. Employee records will be maintained at the facility.

**B. Rule/Statutory Violations**

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC large group home with a capacity of 20 residents.



11/09/2007

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Mary E Holton  
Licensing Consultant

Date

Approved By:



11/9/07

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Betsy Montgomery  
Area Manager

Date