

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



ISMAEL AHMED DIRECTOR

JENNIFER M. GRANHOLM GOVERNOR

November 16, 2007

Leslie Pugh 28293 W. Sunset Blvd. Lathrup Village, MI 48076

> RE: Application #: AS630293401 Sunset Assisted Living II 26215 Lathrup Blvd. Lathrup Village, MI 48076

Dear Ms. Pugh:

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 5 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 (248) 975-5053.

Sincerely,

A THE RECENT Ruth Mc Mahon

Ruth McMahon, Licensing Consultant Bureau of Children and Adult Licensing Suite 1000 28 N. Saginaw Pontiac, MI 48342 (248) 975-5084

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630293401
Applicant Name:	Leslie Pugh
Applicant Address:	28293 W. Sunset Blvd. Lathrup Village, MI 48076
Applicant Telephone #:	(248)569-9887
Administrator/Licensee Designee:	N/A
Name of Facility:	Sunset Assisted Living II
Facility Address:	26215 Lathrup Blvd. Lathrup Village, MI 48076
Facility Telephone #:	(248) 569-9887
Application Date:	11/29/2006
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/29/2006	Enrollment
12/06/2006	Lic. Unit file referred for criminal history review
12/06/2006	Lic. Unit received criminal history file from review
12/06/2006	File Transferred To Field Office
12/22/2006	Application Incomplete Letter Sent
07/26/2007	Inspection Completed-BFS Sub. Compliance
08/09/2007	Contact - Document Received
08/22/2007	Inspection Completed On-site
08/22/2007	Inspection Completed-BFS Sub. Compliance
09/12/2007	Contact - Document Received
10/29/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sunset Assisted Living II is located at 26215 Lathrup Boulevard, Lathrup Village. The home is located off Southfield Road between Ten and Eleven mile, in Oakland County. Leslie Pugh owns the home.

The Sunset Assisted Living II is a one story, brick home. The home has an attached garage. Parking is available in the driveway. The interior of the home is comfortable, clean, and well maintained. The home has a basement, which contains the hot water heater, laundry and hot water tank. The basement is not approved for regular resident. The home has a small front porch. The home is not approved for wheelchair use. A ramp is located at the rear of the home

The home has a living room, dining room, recreational room, kitchen and two full baths. The living room measured 19'9" x 12 ' equals 237 sq feet. The dining room measured 11'8" x 10 equals 116.6 square feet. **The recreational room measured ???? TOTAL LIVING SPACE.**

Sunset Assisted Living II will have five residents residing in the home. Based on the requirement for 35 sq ft of indoor living space, the home will have more than enough living space for five residents.

The Sunset Assisted Living II has public water and public sewage services.

Resident bedrooms were measured at the time of final inspection and were found to be of the following dimensions and accommodation capability:

The bedrooms were properly furnished, clean, and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents.

The home has two full bathrooms one off bedroom 1 and the other across from the recreational room. The bathroom areas are equipped with required non-skid surfacing and handrails, to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the City of Lathrup Village. Fire drill records will be maintained. Ms. Pugh has indicated that it is the corporation's intent to conduct fire drills during the day, afternoon, and sleep hours on a quarterly basis, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

Ms. Pugh submitted a copy of the program statement to for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program for five male or female adults who are eighteen years or older, and who require 24 hour supervision. The home will accept **NEED POPULATION TYPE** The home is not equipped to serve people who require wheelchair use. According to the

program statement, the program and support services provided to the residents of Sunset Assisted Living II

The home will combine, independence, with personal care. The program will be tailored to meet the needs of the residents. Sunset Assisted Living II will collaborate with the residents families. Physicians, and health care providers to provide kind-hearted care and respect.

On November 29, 2006 a license application and application fee was received from Ms.Ms. Leslie Pugh, in her name to operate a small group AFC facility at the above referenced address. Ms. Pugh is the licensee designee for Sunset Assisted Living .

As part of the application process the applicant.submitted admissions, discharge policies and program statement. for the Innovative Lifestyles The documents are acceptable as written. Also included is a proposed staffing pattern, a current lease, a floor plan with room use and size specifications, and current financial documents.

A Records Clearance Request has been processed for Ms Leslie Pugh. Based upon her background, experience, and the Record Clearance Report, I find that she is of good moral character, sound judgment, and is suitable to provide care to dependent adults.

A current Licensing Medical Clearance form for Ms. Leslie Pugh is contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file.

The kitchen and bathroom areas were evaluated, and were found to be adequately

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire, and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through Lathrup Village. Fire drill records will be maintained. Ms. Pugh has indicated that it is the her intent to conduct fire drills during the day, afternoon, and sleep hours on a quarterly basis, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

Ms. Pugh will requirement the staff to provide a statement signed by a physician stating they are in good health not to negatively affect the residents. A TB tine test will be administered prior to the staff working in the facility. The results of the test are obtained before employment begins. Mrs. Hurley will process all clearances as required by law and assure all staff meets the criteria of good moral character as required by law.

Ms. Pugh will verifiy age and checks references before a person is offered employment. Ms. Pugh will provide staff training relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision and training required in the adult foster care rules. Each employee must complete certified training in First Aid and CPR. . Evidence of staff training will be maintained in the employee records for future review.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).

The Report 1. Malor

Ruth McMahon Licensing Consultant

<u>10/31/07</u> Date

Approved By:

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Barbara Smalley Area Manager

<u>11/16/2007</u> Date