



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

February 20, 2009

Odessa Codilla
Grovecrest Assisted Living
121 Prall St.
Pontiac, MI 48341

RE: Application #: AH630289379
Grovecrest Assisted Living
121 Prall St.
Pontiac, MI 48341

Dear Ms. Codilla:

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 53 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,

Loma M Campbell, Licensing Staff
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 975-5062

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630289379
Applicant Name:	Grovecrest Assisted Living, Inc.
Applicant Address:	2560 Second Ave. Detroit, MI 48201
Applicant Telephone #:	(313) 964-0369
Authorized Representative:	Odessa Codilla
Administrator:	Elizabeth Edgar
Name of Facility:	Grovecrest Assisted Living
Facility Address:	121 Prall St. Pontiac, MI 48341
Facility Telephone #:	(248) 334-4732
Application Date:	04/03/2007
Capacity:	53
Program Type:	AGED MENTALLY ILL

II. METHODOLOGY

03/01/2007	Inspection Completed On-site
04/03/2007	Enrollment
04/12/2007	Application Incomplete Letter Sent Sent letter to Mr. Uddin informing him of physical plant violations needed repair before a license can be granted.
04/25/2007	Corrective Action Plan Received
06/19/2007	Inspection Completed-BFS Sub. Compliance
11/25/2008	Inspection Completed-Fire Safety : C Existing home-CHOW
02/04/2009	Inspection Completed-Fire Safety : A
02/12/2009	Application Complete/On-site Needed
02/13/2009	Inspection Completed On-site
02/19/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Grovecrest Assisted Living is located in an urban area, close to downtown Pontiac, MI, and freeways (M 59 and I-75). Grovecrest Assisted Living accepts Supplemental Security Income (SSI) as full payment for an individual's care in the home.

Grovecrest Assisted Living is a two story cinderblock constructed facility with a lower level (basement). The facility was originally built in the 1900's with additions to the facility occurring in the 1950's and the 1970's. The home for the aged is located on the first floor with a resident laundry room in the basement. A private residence is located on the second floor. The facility is barrier-free, has an elevator, and has hot water boiler heat throughout the facility. Each room in the home has baseboard heating and air conditioning is provided in the kitchen and dining room. The entire building is fire suppressed. On 2/4/2009, the Bureau of Fire Services gave an approval of the fire safety system in this facility. Grovecrest Assisted Living is a non-smoking facility. The facility has public water and sewage disposal.

On 6/21/1996, Robert Salkeld from the Department of Community Health/Health Facilities Engineering Section measured all of the residents' bedrooms, common areas, and living spaces. All of the bedrooms, common areas, and living spaces

were found to comply with HFA administrative rules and Public Act 368, as amended. Grovecrest Assisted Living has 27 resident rooms. Fourteen of the 27 resident rooms have adjoining/attached toilet rooms. There are four congregate bathrooms with bathing and showering facilities located off the hallway that is not attached to any resident room. There are three bathtubs and one shower room in the facility.

B. Program Description

Grovecrest has had a number of licensees since the 1950's. From 1956 to 1990 Grovecrest was licensed as a nursing home. In November 1990, the home's license was changed to a home for the aged license. From 1990 to 1996, two businesses were housed in this location, Grovecrest Supportive Care (the home for the aged) and Turning Point Recovery Center (a substance/alcohol abuse program). In 1996, Turning Point Recovery Center moved to another location and the entire location was licensed as a home for the aged. In March 2007, Grovecrest Supportive Care was sold to Grovecrest Assisted Living, Inc. who changed the name of the home to Grovecrest Assisted Living.

Grovecrest Assisted Living, Inc. is a Domestic Profit Corporation with an Incorporation/Qualification Date of 1/30/2007. The corporation office is located at 2560 Second Avenue in Detroit, MI. Grovecrest Assisted Living, Inc. has designated Odessa Codilla to be the authorized representative and Elizabeth Edgar to be the administrator of Grovecrest Assisted Living. Both Ms. Codilla and Ms. Edgar are over 18 years of age. Ms. Codilla has over 10 years experience and Ms. Edgar has over 20 years of experience working with individuals who are 60 years of age or older. Ms. Codilla has a Bachelor of Science in Occupational Therapy degree. Ms. Edgar has taken numerous continuing education courses concerning elder care.

Grovecrest Assisted Living provides services to men and women who are 60 years of age or older. Several residents also have a diagnosis of chronic mental illness. The facility provides twenty-four hour supervision, room board, and assistance with personal care, including administration of medications. Transportation is not provided. Grovecrest Assisted Living offers activities such as weekly bingo parties, various church services, birthday parties, monthly themed parties, such as Valentine Day, St. Patrick Day, etc.

At this time, 48 residents reside in the home. A minimum of two staff are in the home to provide the residents with the required care and services.

During the onsite inspection, Grovecrest Assisted Living's policies and procedures concerning admission, discharge, disaster planning, medication administration, and day to day administration were reviewed.

Technical assistance was provided to Ms. Edgar on Public Act 368, as amended, and administrative rule requirements related to home, resident, and employee recordkeeping.

C. Rule/Statutory Violations

The study has determined substantial compliance with applicable licensing statutes and administrative rules.

IV. RECOMMENDATION

Based on the findings, it is recommended that a temporary permit be issued. The terms of the license will enable the licensee to operate a HFA (Home for the Aged) for 53 residents (Aged). The term of the license will be for a six month period effective 2/20/2009.



2/20/2009

Loma M Campbell
Licensing Staff

Date

Approved By:



2/20/09

Betsy Montgomery
Area Manager

Date