



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

July 14, 2009

June Thompson  
Heritage Hill Assisted Living, LLC  
Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: Application #: AH790297374  
Heritage Hill Assisted Living  
1430 Cleaver Rd.  
Caro, MI 48723

Dear Ms. Thompson:

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 38 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 (586) 228-2093.

Sincerely,

Patricia J. Sjo, Licensing Staff  
Bureau of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 228-3743

Enclosure

cc: C. Trisch

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

**I. IDENTIFYING INFORMATION**

**License #:** AH790297374

**Applicant Name:** Heritage Hill Assisted Living, LLC

**Applicant Address:** Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

**Applicant Telephone #:** (616) 464-1564

**Authorized Representative:** June Thompson

**Administrator:** Christine Trisch

**Name of Facility:** Heritage Hill Assisted Living

**Facility Address:** 1430 Cleaver Rd.  
Caro, MI 48723

**Facility Telephone #:** (989) 672-2900

**Application Date:** 08/01/2008

**Capacity:** 38

**Program Type:** AGED

## II. METHODOLOGY

08/01/2008	Enrollment
08/04/2008	Plan Review Request (AH ONLY) Sent to the Bureau of Fire Services (BFS) in the Department of Economic Growth and to the Health Facilities Evaluation Section (HFES) of the Bureau of Health Systems in the Department of Community Health.
08/04/2008	Inspection Report Requested - Fire Request for Plan Review submitted to BFS.
08/27/2008	Application Incomplete Letter Sent Requested that June Thompson, authorized representative, notify me when construction will be finished in three months, so we can meet to review policies and procedures.
10/02/2008	HFES Plan Review letter stating that building plan is not approved due to more information is needed.
11/19/2008	BFS Plan Review – Building plan is approved contingent upon compliance with cited issues.
12/16/2008	Construction Permit Received Permit issued for 12/16/08 to 12/16/09.
01/30/2009	Contact – Document Received Policies, admission contract, disaster plans, program statement, and facility's forms received from Ms. Thompson.
02/02/2009	Contact – Document Received 1/26/09 letter re: change of licensee's address to 3196 Kraft Ave SE, Suite 200, Grand Rapids, MI 49512.
02/02/2009	Contact – Document Received Email messages exchanged with Ms. Thompson that policies and procedures were received, building is expected to be completed around April, and I will review the documents when it is closer to building completion.
02/19/2009	Contact – Document Received Copy of surety bond.
02/19/2009	Contact – Document Sent Email message to Ms. Thompson that licensing needs the original surety bond.

03/15/2009 Contact – Document Received  
Christine Trisch's credentials, RN license, and TB test results.

03/19/2009 Contact – Document Received  
Original surety bond from Old Republic Insurance Company, which is on the list of approved companies.

04/01/2009 Contact – Document Sent  
Email message to Ms. Thompson asking whether occupancy approval is imminent and whether the building is almost done being constructed.

04/02/2009 Contact – Document Received  
Email message from Chief Operating Officer that the building is still under construction and completion is expected by end of May.

05/18/2009 Contact – Document Received  
4/20/09 letter received from Ms. Thompson appointing Christine Trisch as administrator effective 5/4/09.

06/01/2009 Inspection Completed-Fire Safety : C  
Temporary approval granted until 7/1/09.

06/01/2009 Contact – Document Received  
6/1/09 HFES Opening Survey report dated 6/5/09 included that occupancy is not approved because some documentation is needed and the toilet area in the community bathing room was improperly built and must be reconstructed. Another survey is required after bathroom construction is re-done.

06/08/2009 Contact – Telephone Call Made  
to Ms. Thompson to schedule original inspection for 6/16/09, despite lack of HFES and BFS approvals. Per area manager's direction, an early inspection is being done so new HFA inspectors can be trained.

06/16/2009 Inspection Completed On-site  
Reviewed policies, procedures, and forms and inspected the physical plant. The building needs functioning ventilation in some areas and documents need modification before a license can be issued. I verified that the bathroom construction was modified to meet HFES's requirement.

06/18/2009 Inspection Completed-Fire Safety : A  
Final fire safety inspection; deficiencies noted in prior inspection reports have been satisfactorily corrected; final approval of the

project granted.

06/18/2009      Occupancy Approval (AH ONLY)  
Effective 6/18/09. Document received on 7/2/09.

06/22/2009      Technical Assistance  
Provided via email exchange with Ms. Thompson about fees.

07/01/2009      Contact – Document Received  
All vents are installed and functioning where required per 7/1/09 letter from contractor.

07/01/2009      Documents Received  
Revised policies and procedures.

07/01/2009      Application Complete/On-site Needed  
All revised policies and procedures were received by 7/1/09.

07/08/2009      Contact – Document Received  
Page 1 of the original surety bond.

07/09/2009      Contact – Telephone Call Received  
from Chief Operating Officer.

07/09/2009      Corrective Action Plan Received  
Ms. Thompson stated in an email message that she will submit a revised policy on resident rights and responsibilities on 7/14/09.

07/09/2009      Corrective Action Plan Approved

07/10/2009      Contact – Telephone Call Made  
to Ms. Thompson regarding safety measures for residents due to the pond on neighbor's property on east side of building. I also requested a copy of the facility's floor plan. Ms. Thompson stated that she will submit revised rights policy by 7/13/09, because the license cannot be approved until it is received.

07/14/2009      Contact – Document Received  
Revised floor plan and policy on resident rights and responsibilities. Approved.

07/14/2009      Inspection Completed-BFS Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Heritage Hill Assisted Living is a newly built, ranch style, barrier-free, 38 bed home in the City of Caro. The home has a great room for dining and activities. The 26 resident rooms are in two 10-room wings and one 6-room wing. 14 rooms are singles and 12 rooms have double occupancy. Each resident room has a full private bathroom, closet, living space, and kitchenette with cupboards, counter space, and small refrigerator. Each resident room has emergency pull cords located in the bathroom, living area, and bedroom. The home also has a whirlpool spa bathroom, laundry, and barber/beauty shop. Main entrances are alarmed to provide security for residents, and the doors at the end of each living hall are alarmed at all times and do not allow access from outside.

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

Heritage Hill Assisted Living provides room, board, protection, supervision, assistance, and supervised personal care to men and women who are over age 60. Residents might need assistance with activities of daily living due to physical ailments, limitations, disabilities, or Alzheimer's and other dementias; use walkers, wheelchairs, or other assistive devices; and have vision, speech, or hearing impairments.

The facility provides supervision, assistance, and reminders with mobility, bathing, dressing, grooming, routine skin care, toileting (including assistance with standard protective garments), meals, social, and personal activities. Medication administration and special diets (such as reduced concentrated sweets and lactose intolerant) are provided if prescribed by a physician. Each resident has an individual service plan that describes the assistance to be provided with activities of daily living, monitoring and dispensing medications, and monitoring health care needs.

The facility provides three meals a day and snacks, laundry services, activities, maintenance, housekeeping, and cable television. Facility telephones are available for residents who do not establish a private telephone. The home is staffed 24 hours a day. Staff training includes Alzheimer care. The home manages resident trust funds. The home has a surety bond to insure these funds.

#### **C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this home for the aged.

*Patricia J. Sjo*

7/14/09

Patricia J. Sjo  
Licensing Staff

Date

Approved By:

*Betsy Montgomery*

7/14/09

Betsy Montgomery  
Area Manager

Date