



JENNIFER M. GRANHOLM  
GOVERNOR

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



ISMAEL AHMED  
DIRECTOR

July 20, 2009

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

RE: Application #: AH320297377  
Meadow Lane Assisted Living  
150 Meadow Lane  
Bad Axe, MI 48413

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: P. Motley

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH320297377
<b>Applicant Name:</b>	Meadow Lane Assisted Living, LLC
<b>Applicant Address:</b>	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Applicant Telephone #:</b>	(616) 464-1564
<b>Authorized Representative:</b>	June Thompson
<b>Administrator:</b>	Peggy Motley
<b>Name of Facility:</b>	Meadow Lane Assisted Living
<b>Facility Address:</b>	150 Meadow Lane Bad Axe, MI 48413
<b>Facility Telephone #:</b>	(989) 269-8890
<b>Application Date:</b>	08/01/2008
<b>Capacity:</b>	38
<b>Program Type:</b>	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.
08/18/2008	Contact – Document Received HFES dietary plan review. No dietary items need correction.
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.
10/01/2008	BFS Plan Review Final Report - approval is granted contingent upon compliance with cited issues.
01/5/2009	Contact – Document Received HFES Plan Review report. Need private waste water system approval before construction permit can be issued.
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 in 30-45 days, 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.

02/19/2009	HFES letter re: construction of the building is nearing completion but the proposed private sewage system has not been approved by Department of Environmental Quality (DEQ) or HFES, and a permit for construction will not be issued and an opening survey cannot be completed until sewage system approval is given.
02/20/2009	Contact – Document Received Letter from Ms. Thompson appointing Peggy Motley as administrator effective 1/26/09. Ms. Motley's credentials were also received.
03/19/2009	Contact – Document Received Original surety bond from Old Republic Insurance Company, which is on the list of approved companies.
03/24/2009	Inspection Completed-Fire Safety : A Final fire safety inspection and final approval of the project granted.
04/01/2009	Contact – Document Sent Email message sent to Ms. Thompson asking for documentation that Ms. Motley qualifies as an HFA administrator.
04/02/2009	Contact – Document Received Email message from Chief Operating Officer that the building construction is complete except the septic system is currently being finalized, and they are working with HFES as well as DEQ and hope to have approval soon.
04/28/2009	Construction Permit Received Permit issued for 4/28/09 to 4/28/10. The attached HFES letter dated 4/28/09 listed some requirements before occupancy will be approved.
05/15/2009	Contact – Document Received HFES Opening Survey Report dated 5/15/09 for survey conducted on 5/8/09. The report listed items that need completion before occupancy approval will be granted.
05/18/2009	Contact – Document Received Ms. Motley's medical and record clearance, TB test, LPN license, 3 letters of good moral character, and resume.
05/29/2009	Contact – Document Received Huron County Health Department's approval of the private sewage disposal system; contractor who has DEQ license # 17992 will

maintain the system per his contract with the property owner.

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 areas completed (ventilation,  
oxygen storage closet, remove an incinerator/burn barrel) and  
documents need modification before a license can be issued.

06/22/2009      Contact – Document Received  
Email message from Ms. Thompson that continuously operating  
exhaust ventilation is installed and functioning where required.

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

06/16/2009      Occupancy Approval (AH ONLY)  
Effective 6/16/09. Document received on 6/24/09.

06/25/2009      Contact – Document Received  
Per email message from HFES Manager (engineer is on vacation),  
the engineer will send me the approval report for the on-site  
sewage treatment system; because of its size, the authority to  
monitor the sewage system should be delegated to the local  
authority. However, because this is an "unusual" system, HFES  
will also monitor its operation.

07/01/2009      Contact – Document Received  
Revised policies, procedures, and admission contract.

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

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

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 HFES engineer stated that DEQ deferred monitoring the sewage system to Huron County Health Department, and she does not know if health department will monitor it. The HFES engineer will inspect it on site every two years and review the documentation from the facility's contracted DEQ-licensed person, who will monitor the system on an ongoing basis. HFES engineer stated that the private sewage treatment system is a "state of the art" system that should function well.
07/10/2009	Contact – Telephone Call Made to Ms. Motley, who stated that the outdoor incinerator/burn barrel was moved further from the building and the property owner will move it off the property. Also, an unfinished exhaust pipe was completed in the oxygen closet.
07/10/2009	I informed Ms. Thompson that the rights policy must be revised and approved before the license can be issued. She will submit it by 7/13/09.
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**

Meadow Lane Assisted Living is a newly built, ranch style, barrier-free, 38 bed home in the City of Bad Axe. The home has a great room that is used 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 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 so do not allow access from outside.

The facility has a private waste water system that is monitored and maintained by a contractor licensed by the Department of Environmental Quality and inspected every two years by an engineer from the Health Facilities Evaluation Section of the Bureau of Health Systems in the Department of Community Health.

## **B. Program Description**

Meadow Lane 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.

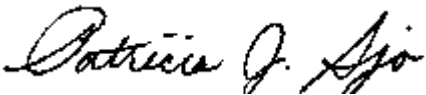
The facility provides three meals a day and snacks, laundry services, activities, maintenance, housekeeping, and cable television. Facility telephones are available for residents who do not establish a private telephone. The home is staffed 24 hours a day. Staff training includes Alzheimer care. The 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  
Licensing Staff

7/14/09  
\_\_\_\_\_  
Date

Approved By:

  
\_\_\_\_\_  
Betsy Montgomery  
Area Manager

7/15/09  
\_\_\_\_\_  
Date