



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

August 18, 2009

Paul Wyman  
Retirement Living Mgmt. of Mason LLC  
1845 Birmingham SE  
Lowell, MI 19331

RE: Application #: AL330299047  
Green Acres Retirement Living  
1025 E. Ash St.  
Mason, MI 48854

Dear Mr. Wyman:

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,

Barbara K. Williams, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-0978

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330299047
<b>Applicant Name:</b>	Retirement Living Mgmt. of Mason LLC
<b>Applicant Address:</b>	1845 Birmingham SE Lowell, MI 19331
<b>Applicant Telephone #:</b>	(616) 897-8000
<b>Licensee Designee:</b>	Paul Wyman
<b>Administrator:</b>	Perri Rendon
<b>Name of Facility:</b>	Green Acres Retirement Living
<b>Facility Address:</b>	1025 E. Ash St. Mason, MI 48854
<b>Facility Telephone #:</b>	(517) 676-1484
<b>Application Date:</b>	11/12/2008
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMER'S

## II. METHODOLOGY

11/12/2008	Enrollment
11/14/2008	Application Incomplete Letter Sent
11/24/2008	Contact - Document Received
05/22/2009	Contact - Telephone call made
06/05/2009	Inspection Completed-Fire Safety : A
06/01/2009	Contact – Document Received
06/17/2009	Inspection Complete –Environmental Health
07/15/2009	Inspection Completed On-site Inspection completed by Consultant Mary Holton
07/16/2009	Confirming Letter Sent
07/17/2009	Contact Document Received
08/14/2009	Inspection Completed-BFS Full Compliance
08/17/2009	Contact – Document Received

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

The facility is a newly constructed ranch-styled building. It is located in a subdivision on the east side of Mason, MI.

The furnaces and hot water heaters are located on the main floor in an enclosed area that has been approved by the Bureau of Fire Services. The facility is equipped with an interconnected, hardwire smoke detection system and a sprinkler system giving full coverage to the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

#### **North End**

<b>Location</b>	<b>Square Footage</b>	<b>Number of Residents</b>
<b>Room 101</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 102</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 103</b>	<b>159 sq. ft.</b>	<b>1</b>

<b>Room 104</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 105</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 106</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 107</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 108</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 109</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 110</b>	<b>182 sq. ft.</b>	<b>1</b>

**South End**

<b>Room 111</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 112</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 113</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 114</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 115</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 116</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 117</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 118</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 119</b>	<b>159 sq. ft.</b>	<b>1</b>
<b>Room 120</b>	<b>182 sq. ft.</b>	<b>1</b>
<b>Total Capacity = 20 Residents</b>		

The facility has ample living area space including a private living room attached to each resident bedroom and large common living and dining areas. The facility exceeds the minimum of 35 square feet of living space per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female individuals who are aged or diagnosed with Alzheimer’s Disease. The facility is barrier-free and residents who require the use of a wheelchair may be admitted. Life enrichment activities will be provided such as guest entertainers, parties, theme meals, arts and crafts, exercise, gardening, and worship services. The program will strive to identify, emphasize, and build on a person’s abilities, encourage independence, develop meaningful relationships, encourage community involvement and seek opportunity to celebrate life. An assessment plan will be designed and implemented to meet each resident’s personal care and social needs.

Personal care and supervision services shall be implemented only by trained staff.

The licensee will assure the availability of transportation to medical appointments.

### **C. Applicant and Administrator Qualifications**

The applicant is Retirement Living Mgmt. of Mason LLC which is a “Domestic Limited Liability Company” established in Michigan on 11/7/2008. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Retirement Living Mgmt. of Mason LLC has submitted documentation appointing Paul Wyman as Licensee Designee and Perri Rendon as Administrator of the facility.

A licensing record clearance was conducted: No LEIN convictions were recorded for the licensee designee and administrator. The licensee designee and administrator each submitted a medical clearance statement from a physician documenting good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 3 direct care staff members to 20 residents on the 1<sup>st</sup> shift, 3 direct care staff members to 20 residents on the 2<sup>nd</sup> shift, and 2 direct care staff members to 20 residents on the 3<sup>rd</sup> shift. In addition, the facility has an administrator who works 40 hours a week and is on-call 24 hours a day, a nurse who works 40 hours a week and is on-call 40 hours a week, and 1 cook on the 1<sup>st</sup> and 2<sup>nd</sup> shifts.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident

medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**III. RECOMMENDATION**

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

*Barbara K. Williams*

8/17/09

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Barbara K. Williams  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

8/18/09

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Betsy Montgomery  
Area Manager

Date