



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 10, 2010

Laura Sarrach
Golden Acre Residential Care, LLC
8353 Stoneham Dr.
Ypsilanti, MI 48197

RE: Application #: AS810305079
Golden Acre Residential Care
8253 Stoneham Dr.
Ypsilanti, MI 48197

Dear Ms. Sarrach:

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 6 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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

cc: Adult Services, Washtenaw Co. D.H.S.
Ken Antkowiak, C.S.T.S., W.C.H.O.

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS810305079

Applicant Name: Golden Acre Residential Care, LLC

Applicant Address: 8353 Stoneham Dr.
Ypsilanti, MI 48197

Applicant Telephone #: (734) 620-3895 (cell)

Administrator/Licensee Designee: Laura Sarrach, Designee & Administrator

Name of Facility: Golden Acre Residential Care

Facility Address: 8253 Stoneham Dr.
Ypsilanti, MI 48197

Facility Telephone #: (734) 547-5058

Application Date: 10/06/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, environmental inspection report, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

10/06/2009	Enrollment
10/08/2009	Application Incomplete Letter Sent Record Clearance for Laura
10/15/2009	Inspection Completed-Environmental Health : A
10/20/2009	Application Complete/On-site Needed
10/30/2009	Application Incomplete Letter Sent
11/16/2009	Contact – Document Received Partial documentation requested from application incomplete letter
12/14/2009	Inspection Completed On-site
12/14/2009	Inspection Completed-BCAL Sub. Compliance
02/17/2010	Contact – Document Received Documentation required and listed in confirming letter and application incomplete letter
03/03/2010	Contact – Telephone call made Explained to applicant the areas of deficiency in her submitted policies and a letter describing same would go out next week.
03/05/2010	Contact – Document Sent Letter outlining deficiencies in policies. Checklist/outline included
05/14/2010	Contact – Document Received Re-submission of revised policies
06/07/2010	Contact – Document Received Copy of re-revised policies and CAP
06/03/10	Final On-site Inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a brick ranch style home with an attached garage that was formerly licensed as a small group home (AS810013317) that closed on August 27, 2007. The facility is ramped at all required exits; however, the interior of the facility has a step down/sunken living area and steps to the bedroom corridor from the living area. Given the interior steps, the facility is not wheelchair accessible.

The front entrance opens to a tiled foyer. Off the foyer are corridors to the living area/room, resident bedrooms and full bathroom and the facility kitchen and dining areas. Off the living room is a formal dining area/room. A casual dining area is located adjacent to the facility kitchen. Off the sunken living room are two exits to a large rear deck. The deck is ramped to ground level.

The facility has a central air conditioning system that provides air through the facility attic. The facility kitchen contains all modern appliances including an automatic dishwasher and microwave oven.

The corridor to the facility garage also contains a laundry room, full employee bathroom, and an employee bedroom.

The facility contains 5 bedrooms and a full walk-in bathroom located off a corridor from the front entrance foyer and living area. A family room is also located off the sunken living area, and this family room contains a natural gas-fired fireplace. The fireplace is secured with a chain lock, and the licensee designee stated in writing the fireplace will not be used until inspected by a contractor licensed for this purpose.

The living areas of the facility are located and measure as follows:

<u>Location/Title</u>	<u>Dimensions</u>	<u>Square Footage</u>
Sunken Living Area	20' X 12'10" =	257
Family Room	13'6" X 18' =	243
Formal Dining Area	13' X 11'10" =	154
Casual Dining Area	11' X 12' +	132

The resident bedrooms are located and measure as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
West Bedroom	7'3" X 13'4" =	97	1
Northwest Corner Bedroom	12'10" X 7'5" =	95	1

North Bedroom	10'11" X 8'10" =	96	1
Northeast Corner Bedroom	10'11" X 14' =	153	2
East Bedroom	11'7" X 10'4" =	120	1

Medications are stored in a locking kitchen cabinet.

2. Sanitation:

The facility is served by a private septic system and well. On October 15, 2009, these systems were inspected by the Washtenaw County Health Department and found in substantial compliance with the respective rules and standards.

3. Fire Safety:

The facility is heated by a natural gas-fired hot water boiler located in the basement of the facility. Adjacent to the boiler is a natural gas-fired hot water heater.

The facility is protected by a hard-wired, interconnected smoke detection system. At the final inspection, the licensee operated the alarm, and the alarm was audible throughout the facility, including the basement.

The family room contains a natural gas-fired fireplace. The fireplace is secured with a chain lock, and the licensee designee stated in writing the fireplace will not be used until inspected by a contractor licensed for this purpose.

B. Program Description

1. Administrative structure & capability:

The licensee corporation, Golden Acre Residential Care, LLC, was established on August 4, 2009, as a domestic limited liability company. The Department of Labor and Economic Growth identification number is D2964D for the company. According to the same website, the resident agent for the corporation is the "National Registered Agents, Inc." According to the adult foster care application, the company is a "for profit" entity.

Laura Sarrach is identified by licensing as both the licensee designee and the administrator for this facility.

2. Qualifications and competencies:

The licensee designee is a registered nurse and licensed by the State of Michigan as such until March 31, 2011. A copy of her nursing license is in the licensing record.

According to Ms. Sarrach's extensive resume, she was formerly employed in Wayne County as a case manager for a series of group homes for the developmentally

disabled. She was also employed in nursing home care, retirement community care, rehabilitation care, a state prison medical department, and home care. She is currently employed within a state prison as a charge nurse.

Criminal background checks were conducted on the licensee via the Michigan State Police database. The licensee designee was provided information on completing criminal background and other checks including fingerprinting regarding prospective employees. This included information regarding the website and the toll free telephone number.

According to the licensee's program statement, employees will be trained in all areas identified in Rule 400.14204(3). Additionally, the program statement states employees will also receive in-service training and training regarding various aspects of providing care to persons with Alzheimer's disease.

3. Program Information:

According to the application, the facility will provide supervision, protection and personal care to persons identified with Alzheimer's disease, a developmental disability, mental illness, physical handicap, and/or aged. Residents may be either male or female, and they must remain compatible with one another.

According to the licensee's program statement, the facility will provide "supervision, bathing, dressing, grooming, toileting, meal (sic), snacks, housekeeping, laundry, medication administration, exercise program, and/or social/community activities."

According to the licensee's required, written description of services to persons diagnosed with Alzheimer's disease, the licensee will provide the following:

- Memory board
- Calendar
- Card playing
- Gardening
- Puzzles
- Bingo
- Music therapy
- Baking

The facility will also post a monthly calendar of activities.

4. Facility and employee records:

Employee records will be retained in the licensee's locked office located at the facility. Resident records will be retained at the facility and in a place accessible to the employees.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. The licensee designee has also signed and agreement to respect and provide a copy of those resident rights to residents and/or designated representatives as delineated in R400.14304(1)(2). Those resident rights will be reviewed with each individual resident and/or designated representative.

6: Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 male or female adults who are developmentally disabled, aged, mentally ill, physically handicapped, and/or suffering from Alzheimer's disease.

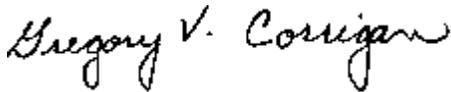


June 10, 2010

Chuck Wisman
Licensing Consultant

Date

Approved By:



June 10, 2010

Gregory V. Corrigan
Area Manager

Date