



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 30, 2010

Paul Wyman
Retirement Living Management of Alpena LLC
1845 Birmingham SE
Lowell, MI 49331

RE: Application #: AL040306253
Turning Brook III
400 Oxbow Dr.
Alpena, MI 49707

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 (231) 922-5309.

Sincerely,

Joyce Lixey, Licensing Consultant
Bureau of Children and Adult Licensing
2145 East Huron Road
East Tawas, MI 48730
(989) 362-0337

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL040306253
Applicant Name:	Retirement Living Management of Alpena LLC
Applicant Address:	1845 Birmingham SE Lowell, MI 49331
Applicant Telephone #:	(616) 897-8000
Administrator/Licensee Designee:	Paul Wyman, Designee
Name of Facility:	Turning Brook III
Facility Address:	400 Oxbow Dr. Alpena, MI 49707
Facility Telephone #:	(989) 354-4200
Application Date:	12/30/2009
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

12/30/2009	Enrollment
02/08/2010	Contact - Document Received APPLICATION
02/08/2010	Application Incomplete Letter Sent
03/24/2010	Contact - Telephone call made To applicant regarding name of facility and receipt of BFS 03/18/2009 inspection
03/24/2010	Confirming Letter Sent To applicant
07/29/2010	Inspection Completed-Env. Health : A
08/03/2010	Inspection Completed-Fire Safety : A
08/10/2010	Inspection Completed On-site
08/11/2010	Contact Document Received From applicant
08/17/2010	Inspection Completed On-site
08/25/2010	Contact Document Received From applicant.
08/26/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Turning Brook III is a one story facility located in a mixed suburban and professional office area of Alpena Michigan. It is located within one mile of hospitals, police, fire, shopping and recreational/picnic areas. Entering the facility through the front foyer leads you directly to a combined office area, nursing station and medication room. Upon exiting the foyer residents and visitors enter into two sitting/activity areas and the facility dining areas. Located in this area is also a private beauty shop for residents to independently purchase their services. The kitchen is centrally located between the two resident dining areas. At the back of the two dining areas are doors leading out onto a fenced outdoor seating area for residents. The facility has two residential/bedroom wings. Both bedroom wings have seven private and or semi private bedrooms. All of the bedrooms rooms have either full baths with showers and/or half baths. In addition there are two whirlpool bathrooms for use by

the residents and two half bathrooms for use by visitors and staff. The home is wheelchair accessible and has 2 approved means of egress. The home utilizes the public water and sewage system.

The boilers and hot water heaters are located next to the kitchen in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
301	19' x 8' + 8' x 11'	240'+	1
302	19.42 x 19.33 + 7.42' x 10.5	452'+	1
303	23.5' x 10.33' + 11.42' x 11.08'	370'+	2
304	23.66' x 10.17' + 11.33' x 12.25'	380'+	2
305	14.92 x 23.66 + 11.58' x 8.25'	449'+	2
306	7.95' x 10.17' + 17.58' x 10.42'	264'+	1
307	19.25' x 9.17' + 11' x 8.08'	266'+	1
308	9.25' x 17.25' + 11' x 8'	248'+	1
309	17' x 10.17' + 10.5' x 7.5'	251'+	1

310	23.33' x 13.42' + 11.33 x 8.25'	321'+	2
311	12.5' x 10.08' + 11.33' x 12'	262'+	2
312	23.5' x 10.33' + 11.17' x 11.5'	371'+	2
313	10.17 x 6.58 + 10.6' x 17.58'	253'+	1
314	17.17 x 9.25 + 11' x 8'	247'+	1

The living, dining, and sitting room areas measure a total of 1,915 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 20 (twenty) 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 **20** aged male or female aged adults whose diagnosis is Alzheimer's Disease/dementia, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from hospitals, nursing homes and other community agencies, as well as private referrals from individuals, and their families.

If required, behavioral intervention and crisis intervention programs will be developed as identified in each resident's individual assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualification

The applicant is Retirement Living Management of Alpena, LLC, is a for-profit “Domestic limited Liability Company”, established in 1998. 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 members of Retirement Living Management of Alpena, LLC have submitted documentation appointing Mr. Paul Jason Wyman as Licensee Designee for this facility and Carolynne Wegmeyer as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their 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 administrative group home rules.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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

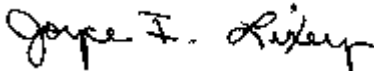
The applicant acknowledges that the beauty shop will only serve the residents residing at the facility and will not accept non-resident customers or serve the general public.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care (large) group home (capacity 1 - 20).



08/30/2010

Date

Licensing Consultant

Approved By:



08/30/2010

Date

Christopher J. Hibbler
Area Manager