



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

March 14, 2011

Pamela Wicks  
Lifehouse Prestige Way Operations, LLC  
6140 26th St. SE  
Grand Rapids, MI 49546

RE: Application #: AL330308015  
Prestige Way #1  
4300 Keller Rd.  
Holt, MI 48842

Dear Ms. Wicks:

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,

Kent Gieselman, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330308015
<b>Applicant Name:</b>	Lifehouse Prestige Way Operations, LLC
<b>Applicant Address:</b>	6140 26th St. SE Grand Rapids, MI 49546
<b>Applicant Telephone #:</b>	(616) 464-6122
<b>Licensee Designee:</b>	Pamela Wicks
<b>Administrator:</b>	Jenna Bohacek
<b>Name of Facility:</b>	Prestige Way #1
<b>Facility Address:</b>	4300 Keller Rd. Holt, MI 48842
<b>Facility Telephone #:</b>	(517) 694-2020
<b>Application Date:</b>	05/04/2010
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## **II. METHODOLOGY**

05/04/2010	Enrollment
06/24/2010	Inspection Completed-Environmental Health : A
11/22/2010	Application Incomplete Letter Sent
12/21/2010	Inspection Completed-Fire Safety : D Disapproved
02/02/2011	Inspection completed- Fire safety: A
02/02/2011	Application complete: Inspection needed.
02/22/2011	Inspection Completed On-site
02/22/2011	Inspection Completed-BCAL Full Compliance

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

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

This facility is currently licensed under license # AL330080663 and is undergoing an ownership change.

This facility is located within the city limits of Holt, Michigan in a residential neighborhood within walking distance of several businesses and restaurants. This facility has been inspected by the Ingham County Health Department and given an approval rating for occupancy. This facility has also been inspected by the Bureau of Fire Safety and given an approval rating for occupancy.

This facility is a single story facility equipped with interconnected smoke detectors and an approved sprinkler system. There are ten resident bedrooms with adequate floor space for single occupancy. These resident bedrooms also have adjoining half bathrooms. There are five resident bedrooms with adequate floor space for double occupancy. The double occupancy rooms also have adjoining half bathrooms. This facility contains two full shower rooms for resident use, and another bathroom with access from the living area for use by residents as well as their guests. There is a separate bathroom for employee use.

This facility has a large dining area, separate living room, and a “sun” room available for resident use. This facility also has a hair salon and a large commercially equipped kitchen with a separate pantry area for food storage. This facility has a large office area and entrance specifically for employees. This facility has a large laundry room adequate to meet the residents’ needs and a mechanical room which houses the facility heat plant

and hot water heaters. This facility is cooled in warmer weather with central air conditioning.

## **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 male or female ambulatory adults who are aged and have a diagnosis of Alzheimer's disease in the least restrictive environment possible.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the 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 program statement for the Alzheimer's program was reviewed and approved. This facility will admit residents with Alzheimer's disease and other forms of dementia. The program statement states that the goal of this facility is to maintain the highest quality of care for the residents, which will be accomplished in a dignified manner within a safe and comfortable environment. This program will enhance physical, social and cognitive abilities with an emphasis on meeting each individual's needs identified in their written assessment and care agreements. This facility is also equipped with alarmed doors deactivated with keypads to discourage elopement by residents and alert staff when elopement has occurred.

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

The applicant is Lifehouse Prestige Way Operations, L.L.C., which is a "Domestic Limited Liability Company," was established in Michigan, on 04/07/2010. 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 Lifehouse Prestige Way Operations, L.L.C. has submitted documentation appointing Pamela Wicks as Licensee Designee and Jenna Bohacek as Administrator of the facility.

A criminal history background check was completed with no criminal convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted statements from a physician documenting their good health and current TB-tine negative results.

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

The applicant has proposed a staffing pattern of three workers during daytime hours and two workers during the third shift to meet the residents' needs. All staff shall be awake during sleeping hours. The staffing pattern for the original license of this 20 bed facility is adequate.

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**

There are no rule violations at this time.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



3/14/11

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Kent Gieselman  
Licensing Consultant

Date

Approved By:



3/14/11

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Betsy Montgomery  
Area Manager

Date