



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 16, 2012

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

RE: Application #: AL330314460  
Green Acres Mason  
1027 E. Ash Street  
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,

Dawn Campbell, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 335-6084

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330314460
<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>Administrator:</b>	Paul Wyman, Designee
<b>Name of Facility:</b>	Green Acres Mason
<b>Facility Address:</b>	1027 E. Ash Street Mason, MI 48854
<b>Facility Telephone #:</b>	(517) 676-1484 07/19/2011
<b>Application Date:</b>	
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

07/19/2011	Enrollment
08/03/2011	Inspection Report Requested - Health Inv. #1019111
08/03/2011	Inspection Report Requested - Fire
08/03/2011	Contact - Document Sent Rules & Act booklets
08/03/2011	Lic. Unit file referred for criminal history review Paul - RS
08/25/2011	Inspection Completed-Env. Health : A
12/05/2011	Application Incomplete Letter Sent
12/19/2011	Inspection Completed-Fire Safety : A
01/12/2012	Application Complete/On-site Needed
02/03/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a newly constructed ranch-style building. It is located in a subdivision on the east side of Mason, Michigan in a residential neighborhood and is adjacent to the Mason Middle School. This facility is attached to Green Acres Assisted Living Facility that was licensed by BCAL in 2009.

The furnaces and hot water heaters are located on the main floor in an enclosed area that was approved by the Bureau of Fire Services on 12/19/2011. The facility is equipped with an interconnected hardwire smoke detection system and a sprinkler system giving full coverage to the facility. An approved Environmental Health Inspection was completed at the facility on 08/25/2011.

The main entrance to the facility is at grade and can be easily accessed by resident who uses a wheelchair. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

<b>North End</b>		
<b>Location</b>	<b>Square Footage</b>	<b>Number of Residents</b>
Room 1	159 sq. ft.	1
Room 2	159 sq. ft.	1

Room 3	159 sq. ft.	1
Room 4	159 sq. ft.	1
Room 5	159 sq. ft.	1
Room 6	159 sq. ft.	1
Room 7	159 sq. ft.	1
Room 8	159 sq. ft.	1
Room 9	159 sq. ft.	1
Room 10	182 sq. ft.	1

**South End**

<b>Location</b>	<b>Square Footage</b>	<b>Number of Residents</b>
Room 11	159 sq. ft.	1
Room 12	159 sq. ft.	1
Room 13	159 sq. ft.	1
Room 14	159 sq. ft.	1
Room 15	159 sq. ft.	1
Room 16	159 sq. ft.	1
Room 17	159 sq. ft.	1
Room 18	159 sq. ft.	1
Room 19	159 sq. ft.	1
Room 20	182 sq. ft.	1

The facility has ample living area space including a private living room attached to each resident bedroom. Each resident room has its own small kitchen area and bathroom. Each resident room also has its own heating and air conditioning unit for individual comfort and preferences. There is a large common area in the front of the facility as well as dining areas. There is a large kitchen that will be used to provide meals for residents. The facility also provides a computer and facility wide Wi-Fi access for staff and residents and a private area for residents to use the computer at their leisure. This facility exceeds the minimum of 35 square feet of living space per resident requirement.

Based on the above measurements, 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**

The Licensee will provide 24 hour supervision, protection and personal care to residents. The program will provide supportive services, including Alzheimer's, dementia, hospice, long term care, respite or daycare to (20) male or female individuals in need of these services.

The facility will provide Life enrichment activities such as guest entertainers, parties, theme meals, arts and crafts, exercise, gardening and worship services for resident activities and recreation. The program will strive to identify, emphasize, build on a

person's abilities, encourage independence, develop meaningful relationships, encourage community involvement and seek opportunities to celebrate life. An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs.

Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written.

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 Management of Mason, LLC which is a "Domestic Limited Liability Company" established in Michigan on 11/17/2008. 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 Management 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 and found no LEIN convictions for the licensee designee or the administrator. The licensee designee and administrator each submitted a medical clearance statement documenting good health and current TB tests with 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 per week and is on-call 24 hours per day, a nurse who works 40 hours per week and is on call 40 hours per week, and 1 cook is 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 acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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, L-1Identity Solutions™, and the related documents required to be maintained in each employee 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 volunteers and the retention schedule for all of the documents contained within the 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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving 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**

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

**IV. RECOMMENDATION**

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



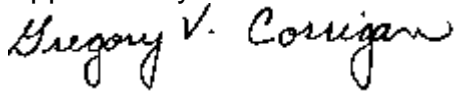
02/15/2012

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Dawn Campbell  
Licensing Consultant

Date

Approved By:



02/16/2012

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Gregory Corrigan  
Area Manager

Date