

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



MAURA D. CORRIGAN DIRECTOR

March 13, 2012

Todd Walter Crosaires, Incorporated 5829 N. Zimmer Road Williamston, MI 48895

> RE: Application #: AS330316866 Crosaires, Inc. 5829 N. Zimmer Road Williamston, MI 48895

Dear Mr. Walter:

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 4 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,

Christolus A. Holvey

Christopher Holvey, Licensing Consultant Bureau of Children and Adult Licensing 7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 373-3180

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330316866
Applicant Name:	Crosaires, Incorporated
Applicant Address:	5829 N. Zimmer Road Williamston, MI 48895
Applicant Telephone #:	(517) 898-1715
Administrator/Licensee Designee:	Todd Walter
Name of Facility:	Crosaires, Inc.
Facility Address:	5829 N. Zimmer Road Williamston, MI 48895
Facility Telephone #:	(517) 898-1715
Application Date:	01/12/2012
Capacity:	4
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

01/12/2012	Enrollment
01/18/2012	Contact - Document Sent Rules & Act booklets
01/18/2012	Inspection Report Requested - Health Inv. #1019774
01/18/2012	Licensing Unit file referred for criminal history review Todd W.
01/27/2012	Inspection Completed-Environmental Health : A
02/07/2012	Application Incomplete Letter Sent
02/22/2012	Contact - Telephone call made Spoke with licensee Todd Walter to schedule inspection date.
02/22/2012	Application Complete/On-site Needed
03/02/2012	Inspection Completed On-site
03/09/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Crosaires, Inc. is a brick ranch-style home located in a rural area of Williamston, MI.. The facility sits at the end of a long paved driveway, which provides ample parking for visitors and staff. Attached to the facility is a two-car garage with concrete floors and some room for storage. There is a small wooden deck attached to the back of the facility located at the entrance to the four season room. The deck is less than eight inches above grade; therefore, it does not have handrails. The facility sits in the middle of 10 acres, some of which is wooded. There is a large pole barn on the property, behind the facility.

The main level of the facility consists of a living room, dining room, kitchen, one full bathroom, one half bathroom, four season room and four resident bedrooms. Residents will have access to the entire main level of the facility. The facility has a full basement that consists of a laundry area, small meeting room/office, and a large area for storage. The furnace and hot water heater are also located in the basement and are separated from the main level by a solid wood core fire door that is in a fully stoppable wood frame and equipped with an automatic self-closing device and positive-latching hardware. The facility has two fire extinguishers with one placed on each level of the facility. The

smoke detectors are all hard-wired into the structures electrical system and are located in all sleeping areas, kitchens, and living areas.

Living Room	19' x 13' 4" = 253 square feet	
Dining Room	18' x 12' = 216 square feet	
Bedroom #1	9' x 12' = 108 square feet	1 resident
Bedroom #2	12' x 12' = 144 square feet	1 resident
Bedroom #3	10' x 12' = 120 square feet	1 resident
Bedroom #4	11' 6" x 12' = 138 square feet	1 resident

The resident bedrooms, living and activity areas measured as follows:

The facility has a private water supply and private sewage disposal system. The Ingham County Health Department inspected the facility on 1/27/12 and the facility received an "A" rating.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to four male and/or female residents over the age of fifty-five years who are either aged and/or have been diagnosed with Alzheimer's disease. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs, including mind, body and spirit. The facility will integrate the Williamston community into the daily lives of the individuals living in the facility. This includes schools, social clubs and local businesses. The applicant encourages family members to visit and actively engage with their loved ones. The applicant plans to provide on-going training to staff members to help them better understand residents with Alzheimer's and dementia-related conditions. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility. The facility is not wheelchair accessible at this time.

Todd Walter is the licensee and administrator for the facility. A criminal history background check was completed for Mr. Walter and he was found to be of good moral character. The applicant submitted health care provider statements documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. Current negative TB tests were obtained for Mr. Walter.

This licensing consultant reviewed the personnel policies, job descriptions, admissions/discharge policies, financial projections, staff files, and paperwork required for resident files with the licensee. Todd Walter has considerable experience with required AFC licensing records and documentation due to him serving in an administrative role for several AFC homes since 1994. Mr. Walter has not only attended but also has been a speaker at multiple conferences/training related to Alzheimer's and dementia.

The facility plans to have at least one staff member per shift but will adjust the staff ratio as the number of residents grows and also to ensure that the safety, supervision and care needs of the residents are met in accordance with the residents' written assessment plans.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with quality of care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home with a capacity for four (4) residents.

Christolus A. Holvey

3/13/12

Christopher Holvey Licensing Consultant

Date

Approved By:

Betey Montgomery 3/13/12

Betsy Montgomery Area Manager

Date