



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 24, 2013

Lorraine Chouinard
1050 W. Colonial Park
Grand Ledge, MI 48837

RE: Application #: AS230337351
Colonial Park Adult Assisted Living
1050 W. Colonial Park Dr
Grand Ledge, MI 48837

Dear Lorraine Chouinard:

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 (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230337351
Applicant Name:	Lorraine Chouinard
Applicant Address:	1050 W. Colonial Park Grand Ledge, MI 48837
Applicant Telephone #:	(517) 622-0313
Administrator:	Lorraine Chouinard
Name of Facility:	Colonial Park Adult Assisted Living
Facility Address:	1050 W. Colonial Park Dr Grand Ledge, MI 48837
Facility Telephone #:	(517) 622-0701
Application Date:	10/25/2012
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

10/25/2012	Enrollment Confirmation of Fed ID 10/31/2012
11/01/2012	PSOR on Address Completed
11/01/2012	Contact - Document Sent Rules & Act booklets
11/01/2012	Application Incomplete Letter Sent Rec cl & FP's for Lorraine
11/07/2012	Application Complete/On-site Needed
11/30/2012	Application Incomplete Letter Sent
12/04/2012	Inspection Completed On-site
12/04/2012	Inspection Completed-BCAL Sub. Compliance
01/23/2013	Inspection Completed On-site
01/23/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large two-story aluminum-sided home located in a residential area of the city of Grand Ledge and it sits on three city lots. The facility is white with green trim and has a large backyard that is fully surrounded by a wooden privacy fence. The facility has a two-car attached garage with a cement driveway. The driveway has ample space for staff and visitor parking. The first floor of the facility consists of a large dining area, kitchen, foyer area, living area, two full bathrooms, one half bathroom and six resident bedrooms. Within the dining area is a small area designated for sitting and enjoying the backyard from the sliding glass doors. The second floor of the facility has four bedrooms, a staff office, and full bathroom. The second floor will not be utilized by any resident at any time. Overnight staff members will use the upstairs area for sleeping purposes. The facility also has a full basement which will not be utilized by residents.

The front entrance on the north side of the facility has a large wooden wheelchair accessible ramp that leads into the front foyer area. This foyer connects to the living area and dining room and houses the stairway leading to the second floor. The dining room also has a sliding glass door leading to deck and second wooden wheelchair accessible ramp. Resident Bedrooms #1 and #2 are located down the northeast hallway. This hallway also leads to a second main entrance to the home that is equipped with a third wheelchair accessible ramp. Resident Bedroom #3 is located off

the west end of the resident living area whereas Resident Bedroom #4 is located off the south end of the resident living area. Resident Bedrooms #5 and #6 are located in the southeast area of the facility past the kitchen and near the garage. The facility utilizes the local public water supply and sewage disposal system.

The facility has two gas furnaces and one gas water heater. One of the furnaces is located in the furnace room on the first floor of the facility near the garage area. The second gas furnace and the water heater are both located in the furnace room in the finished basement area of the facility. The door separating the basement from the remainder of the facility is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Both furnaces were inspected by a licensed contractor on 12/11/2012 and both were found to be in good working condition. A copy of this inspection is located in the facility file.

The facility is equipped with battery-powered, single-station smoke detectors that have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility also has fully charged fire extinguishers located on each floor of 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
Bedroom #1	14'7" x 8'0"	117 square feet	1 Resident
Bedroom #2	14'8" x 10'8" + 1'10" x 4'5"	163 square feet	1 Resident
Bedroom #3	24'0" x 20'0"	480 square feet	1 Resident
Bedroom #4	20'5" x 10'0"	205 square feet	1 Resident
Bedroom #5	9'7" x 10'10" + 9'0" x 3'3"	133 square feet	1 Resident
Bedroom #6	11'9" x 10'10" + 1'4" x 8'4"	140 square feet	1 Resident
Living Area	24'0" x 13'0"	312 square feet	6 residents

The indoor living and dining areas measure a total of 312 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged or who have been diagnosed with Alzheimer's Disease or related conditions. The program will include social interaction, daily exercise, music, games according to resident preferences and outings to local community events. Family members and friends are encouraged to interact and engage with loved ones as often as possible. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local library, shopping centers, and churches. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the income currently received from caring for AFC residents. This facility is an established AFC family home and is changing to a group home license category. Ms. Chouinard has successfully managed this facility since its opening in 2005. Ms. Chouinard also has a second successful small group home located in Clinton County of which she is licensee and administrator.

A Criminal history background check and fingerprint clearance of the applicant, who will be serving as both the licensee and the administrator, were completed on 11/05/2012 and 10/31/2012 respectfully and Ms. Chouinard was determined to be of good moral character to provide licensed adult foster care. Ms. Chouinard submitted statements from a physician dated 12/20/2012 documenting her good health and current negative tuberculosis test results.

Ms. Chouinard has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Chouinard has owned and managed two AFC facilities over the last seven years and works directly with residents and their family members on a regular basis to provide care and support. Ms. Chouinard has care for both aged individuals as well as individuals diagnosed with Alzheimer's or related conditions in both of her facilities and understand the unique needs of each population.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours unless resident needs dictate this to be necessary.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

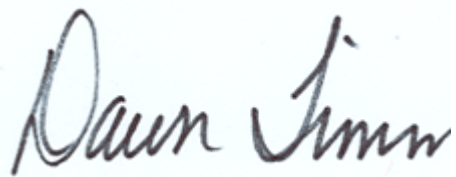
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six.



01/24/2013

Dawn N. Timm
Licensing Consultant

Date

Approved By:



1/24/13

Betsy Montgomery
Area Manager

Date