



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 21, 2013

Saundra Devine
Devine Senior Living L.L.C.
5269 Navajo Trail
Pinckney, MI 48169

RE: Application #: AS470338225
Devine Senior Living - Oak Ridge
15560 Graves Road
Pinckney, MI 48169

Dear Ms. Devine:

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) 373-2506.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS470338225
Applicant Name:	Devine Senior Living L.L.C.
Applicant Address:	5269 Navajo Trail Pinckney, MI 48169
Applicant Telephone #:	(810) 355-1536
Administrator/Licensee Designee:	Saundra Devine
Name of Facility:	Devine Senior Living - Oak Ridge
Facility Address:	15560 Graves Road Pinckney, MI 48169
Facility Telephone #:	(810) 355-1536
Application Date:	01/16/2013
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

01/16/2013	Enrollment
01/18/2013	Contact - Document Sent Rules & Act booklets
01/18/2013	Inspection Report Requested - Health Inv. #1021135
02/15/2013	Inspection Completed-Env. Health : A
02/21/2013	Contact - Telephone call received Spoke to applicant regarding her being ready for inspection.
02/22/2013	Application Incomplete Letter Sent
02/27/2013	Contact - Telephone call made Spoke to applicant to schedule inspection date.
02/27/2013	Application Complete/On-site Needed
03/18/2013	Inspection Completed On-site
03/20/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Devine Senior Living - Oak Ridge is a ranch style home with vinyl siding that sits on five acres of land located in rural Pinckney, MI. The home is built into a hill and has an attached two-car garage on the basement level, with concrete floors and room for storage. The facility is located on a gravel road and has a long gravel driveway that provides ample parking space for staff and visitors. There is a large wooden deck attached to the back of the facility. There is access to the deck through exits in the living room, dining room and bedroom #1. The wooden deck is quite elevated and has a latched gate leading to the stairs.

The main level of the home consists of a small foyer, living room, dining room, kitchen, three full bathrooms, and three resident bedrooms. Two of the bathrooms are located in bedrooms 1 and 3. The third bathroom is accessible from the hallway and available to the entire household. This large third bathroom is also where the facility's washer and dryer are located.

The basement level of the home has been made into an apartment with separate entrance/exits from the main level. The entry to the basement from the main level has been permanently closed off and residents will not have access to this level of the facility.

The furnace and hot water heater are in two separate rooms located in the garage. Each room is fully enclosed and separated from residents by a fully stopped, fire-rated metal door that is equipped with an automatic self-closing device and positive-latching hardware. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, living areas and in areas of the home that contain heat and flame producing equipment.

The resident bedrooms and all living areas measured as follows:

Living Room	23' x 13' = 299 square feet	
Dining Room	15' x 12' = 180 square feet	
Bedroom #1	17' 6" x 10' 11' x 9' 6" = 280 square feet	2 residents
Bedroom #2	14' x 10' 2" 6' 2" x 2' 10" = 159 square feet	2 residents
Bedroom #3	11' 8" x 13' 5" = 157 square feet	2 residents

The facility has a private water supply and private sewage disposal system. The Livingston County Department of Public Health inspected the facility on 2/15/13 and the facility received an "A" rating.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents 60 years of age and older and who may or may not suffer from Alzheimer's/ Dementia. The mission of the facility is offer a comfortable, intimate home environment that facilitates strong relationships and a loving atmosphere where every resident's personal preferences are heard, respected and accommodated. The program the facility offers includes, but is not limited to, well balanced home cooked meals, laundry services, recreational activities, planned social gatherings, daily exercise program, and religious services. The applicant encourages family members to visit and engage with their loved ones. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility. This facility is currently not wheelchair accessible.

Saundra Devine is the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Devine and she was determined to be of good moral character. The applicant submitted statements from a physician documenting that no physical or mental health conditions exist that would limit her ability

to work with or around dependent adults. Current negative TB tests were obtained for Sandra Devine.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief. The applicant has indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site for six (6) residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

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 ([www. Miltcpartnership.org](http://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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the

home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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

Saundra Devine has been the licensee designee and administrator for an AFC small group home for the past one year. She also has six months' experience as an administrator of another AFC home and she has worked 1 ½ years as a direct care worker at a facility where residents suffered from Alzheimer's/dementia. Ms. Devine has over four years' experience as executive director for several senior independent living properties. She plans to work at the facility as a direct care staff and will be present at the facility on a regular basis to maintain a working knowledge of the residents and their needs and to assist with care of the residents as necessary. Ms. Devine reports that all resident files will be kept on the facility grounds.

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 adult small group home (capacity 1-6).

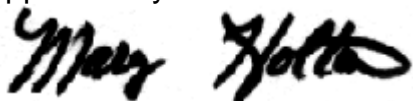


3/21/13

Christopher Holvey
Licensing Consultant

Date

Approved By:



3/25/13

Mary E Holton
Area Manager

Date