



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

November 18, 2013

Linda West  
Victorian Manor Assisted Living, L.L.C.  
6927 S. Meridian Road  
Clarklake, MI 49234

RE: Application #: AS380337623  
Victorian Manor Assisted Living  
6927 S. Meridian Road  
Clarklake, MI 49234

Dear Ms. West:

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 (313) 456-0380.

Sincerely,

Vanita C. Bouldin, Licensing Consultant  
Bureau of Children and Adult Licensing  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380337623
<b>Applicant Name:</b>	Victorian Manor Assisted Living, L.L.C.
<b>Applicant Address:</b>	6927 S. Meridian Road Clarklake, MI 49234
<b>Applicant Telephone #:</b>	(517) 768-1000
<b>Administrator/Licensee Designee:</b>	Linda West
<b>Name of Facility:</b>	Victorian Manor Assisted Living
<b>Facility Address:</b>	6927 S. Meridian Road Clarklake, MI 49234
<b>Facility Telephone #:</b>	(517) 768-1000
<b>Application Date:</b>	11/15/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/15/2012	Enrollment
11/27/2012	PSOR on Address Completed
11/27/2012	Inspection Report Requested - Health Inv. #1020945
11/27/2012	Contact - Document Sent Rules & Act booklets
11/27/2012	Application Incomplete Letter Sent Rec cl & FP's for Linda W
12/04/2012	Inspection Completed-Env. Health : A
12/13/2012	Comment FP's for Linda W
12/17/2012	Contact - Document Received Rec cl for Linda W
12/17/2012	Application Complete/On-site Needed
12/28/2012	Comment File received in the field office.
12/28/2012	Application Incomplete Letter Sent
08/12/2013	Inspection Completed-BCAL Sub. Compliance
08/12/2013	Application Incomplete Letter Sent
10/16/2013	Contact via email Licensee Designee, Linda West, has completed all corrections per letter dated 08/12/2013 and is requesting final inspection
11/05/2013	Inspection Completed-BCAL Full compliance. Medical clearance from Linda West needed.
11/08/2013	Contact – Document received Medical Clearance from Linda West received
11/13/2013	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Victorian Manor Assisted Living (VMAL) adult foster care home is located in a residential area in Jackson county. The home is a two story structure with a full basement and detached garage. The first floor of the home consists of a dining room, family room, kitchen, 2 bedrooms with attached bathrooms.

The furnace and hot water heater are located in the basement with a 90 minute steel frame fire door equipped with an automatic self-closing device and positive latching hardware located at bottom of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Kilkenny	13.4 X 11.4 + 4.10 X 3.9	169 sq. ft.	1
Galway	14.2 X 12.11	172 sq. ft.	2
Tipperary	13.3 X 11.3	150 sq. ft.	1
Cork	9 X 6.2 + 11 X 9.4	159 sq. ft.	1
Kerry	9.2 X 6.9 + 7 X 6.9 + 11.2 X 4.5	161 sq. ft.	1

The living, dining, and sitting room areas measure a total of 303 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### **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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Victorian Manor Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/14 /2012. 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 Victorian Manor Assisted Living, L.L.C. has submitted documentation appointing Linda West as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with 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 staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

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)),

IdentoGO, 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 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**

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

#### **VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).



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Vanita C. Bouldin  
Licensing Consultant

Date: 11/13/2013

Approved By:



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Ardra Hunter  
Area Manager

Date: 11/18/2013