



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 20, 2013

Michael Arnold
New Echelon Long-Term Care Solutions, LLC
9825 Lyon Drive
Brighton, MI 48114

RE: Application #: AS470346127
Pine Oaks
6027 Pine Oaks Trail
Brighton, MI 48116

Dear Mr. Arnold:

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 (810) 787-7031.

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 #: AS470346127

Applicant Name: New Echelon Long-Term Care Solutions, LLC

Applicant Address: 9825 Lyon Drive
Brighton, MI 48114

Applicant Telephone #: (248) 761-5055

Administrator/Licensee Designee: Michael Arnold

Name of Facility: Pine Oaks

Facility Address: 6027 Pine Oaks Trail
Brighton, MI 48116

Facility Telephone #: (810) 229-2733

Application Date: 08/08/2013

Capacity: 6

Program Type: AGED

II. METHODOLOGY

08/08/2013	Enrollment
08/13/2013	Contact - Document Sent Rules & Act booklets
08/13/2013	Inspection Report Requested - Health Inv. #1021971
08/13/2013	Application Incomplete Letter Sent FP's for Michael Arnold
08/13/2013	Comment FP's for Michael A. and Delorese G.
08/16/2013	Contact - Document Received Rec clearance's for Michael A & Delorese G.
08/16/2013	Application Complete/On-site Needed
08/26/2013	Inspection Completed-Environmental Health : A
09/04/2013	Application Incomplete Letter Sent
11/04/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pine Oaks is a ranch style home that sits on four acres of land located in a rural area of Brighton, MI. There is a two-car garage attached to the facility, which has concrete floors and room for storage. There is a large covered cement porch attached to the front entrance, with three steps to entry. There is a small wooden deck attached to the back entrance of the facility, which also has three steps to entry. The facility also has a third exit that leads directly into the attached garage. The facility has a large paved driveway that provides ample parking space for staff and visitors.

The main level of the home consists of a foyer, living room, dining room, kitchen, visitation/family room, laundry room, one half bath, three full baths, and five resident bedrooms. One of the full baths is attached to bedroom 1.

The facility has a large finished basement, which consists of a kitchenette, living room, one bedroom, one full bathroom, and a furnace/utility room. There is one exit from the

basement leading to the backyard. The basement will be utilized by a live-in staff and will not be accessible to residents.

The facility has two separate sources of providing heat. There is one forced air furnace and one hot water boiler for baseboard heat. The furnace is in an enclosed room located in the garage. The hot water boiler is located in the utility room in the basement. Both the furnace and the hot water boiler are separated from residents by a fully stopped, solid wood core 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, and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	349 square feet	
Bedroom #1	15' x 12' = 180 square feet	Up to 2 residents
Bedroom #2	13' 6" x 10' = 135 square feet	Up to 2 residents
Bedroom #3	10' x 10' = 100 square feet	1 resident
Bedroom #4	11' 6" x 11' 2" 3' 4" x 2' 5" = 136 square feet	Up to 2 residents
Bedroom #5	11' 6" x 12' 5" = 143 square feet	Up to 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 8/26/13 and the facility received an "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female aged residents. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility. This facility is not wheelchair accessible.

Michael Arnold is the applicant/licensee and administrator of the facility. A criminal history background check was completed for Mr. Arnold. He has been determined to be of good moral character. Mr. Arnold submitted statements from a physician documenting their good health and current TB-tine negative results.

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 supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff 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 direct care staff and volunteers 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, administrator, or volunteer 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.

Michael Arnold has been a licensee of an AFC family home since August 2012. Prior to the opening of the family home, Mr. Arnold had two years of experience being the primary caregiver for his aged mother, who was suffering from Alzheimer's. Mr. Arnold also has a certificate of completion for the Long-term Care Consumer Advocate Training Program through the Detroit Area Agency on Aging. Mr. Arnold 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 small group home with a capacity of six (6) residents.

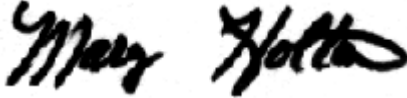


11/20/13

Christopher Holvey
Licensing Consultant

Date

Approved By:



11/22/13

Mary E Holton
Area Manager

Date