



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 14, 2014

Mr. Daryl Miron
Lakeview Assisted Living, LLC
1100 N Lake Shore Dr
Gladstone, MI 49837

RE: Application #: AL210302204
Lakeview Assisted Living II
1100 N. Lakeshore Dr.
Gladstone, MI 49837

Dear Mr. Miron:

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 20 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 (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL210302204

Applicant Name: Lakeview Assisted Living, LLC

Applicant Address: 1100 N Lake Shore Dr
Gladstone, MI 49837

Applicant Telephone #: (906) 428-7000

Administrator/Licensee Designee: Daryl Miron, Administrator

Name of Facility: Lakeview Assisted Living II

Facility Address: 1100 N. Lakeshore Dr.
Gladstone, MI 49837

Facility Telephone #: (906) 428-7000

Application Date: 05/06/2009

Capacity: 20

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/06/2009	Enrollment
05/07/2009	Application Incomplete Letter Sent re: rec cl for Daryl
06/23/2009	Inspection Completed-Env. Health : A
07/20/2009	Contact - Document Received 1326 for Daryl Miron
08/22/2012	Inspection Report Requested - Fire
08/22/2012	Inspection Report Requested - Health
08/23/2012	Inspection Report Requested - Health
10/18/2013	Inspection Completed-Env. Health : A
10/31/2013	Inspection Completed-Fire Safety : A
11/05/2013	Inspection Completed-BCAL Full Compliance
11/07/2013	Contact - Document Received Organizational chart received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a new construct located north of the city of Gladstone. The facility is adjacent to Lakeview Assisted Living I which is a licensed 20 capacity home (AL210259500). The property sits on the south shore of Lake Michigan. The building is constructed with a complete automatic fire sprinkling system and it is serviced by municipal water and sewage. The facility is a total barrier-free, handicapped accessible, single story home with a central living area. The central living area has a large dining/multi-purpose room. In addition there is a theatre room used for movies, religious services, presentations, etc. There is also a large library room available for resident use. There is a small kitchen in the facility, however meals are prepared in the large kitchen of Lakeview Assisted Living I and will be delivered to the adjacent facility.

On each side of the central living area is a wing of resident living units. Each unit consists of a bedroom with a full bathroom. Each unit has a kitchen area and an individual thermostat for temperature control. All units are equipped with an "emergency call system". Bedroom units have the following dimensions minus the bathroom areas:

Bedroom #1	479 sq. ft.	Approved capacity 1
Bedroom #2	478 sq. ft.	Approved capacity 1
Bedroom #3	483 sq. ft.	Approved capacity 1
Bedroom #4	483 sq. ft.	Approved capacity 1
Bedroom #5	478 sq. ft.	Approved capacity 1
Bedroom #6	478 sq. ft.	Approved capacity 1
Bedroom #7	483 sq. ft.	Approved capacity 1
Bedroom #8	483 sq. ft.	Approved capacity 1
Bedroom #9	483 sq. ft.	Approved capacity 1
Bedroom #10	515 sq. ft.	Approved capacity 1
Bedroom #11	515 sq. ft.	Approved capacity 1
Bedroom #12	449 sq. ft.	Approved capacity 1
Bedroom #13	443 sq. ft.	Approved capacity 1
Bedroom #14	603 sq. ft.	Approved capacity 2
Bedroom #15	609 sq. ft.	Approved capacity 2
Bedroom #16	516 sq. ft.	Approved capacity 2
Bedroom #17	459 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 20 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 10/31/2013 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final environmental inspection was completed by the Delta-Menominee District Health Department on 10/18/2013 resulting in an "A" rating.

The Licensee, Lakeview Assisted Living, LLC, has another licensed large adult foster care home adjacent to the proposed facility (Lakeview Assisted Living I - #AL210259500) that has been licensed since 2004.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Traumatic Brain Injured (TBI), and/or suffer from Alzheimer Disease. The admission policy, program statements (including specific Alzheimer residents), discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The facility offers an on-site hair salon in addition to other amenities. The facility intends to sponsor other activities such as bingo, shopping trips, fall color tours, musicians, etc.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Daryl Miron, the licensee/administrator. Mr. Daryl Miron submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Miron has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 20-bed facility is adequate and includes a minimum of 3 staff per 20 residents on the awake-shift, and 2 staff to 20 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend that a temporary license be issued for the facility named LAKEVIEW ASSISTED LIVING II, under the terms of Public Act 218 of 1979, as amended.

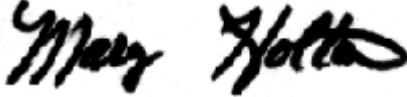


01/14/2014

Theresa Norton
Licensing Consultant

Date

Approved By:



1/17/2014

Mary E Holton
Area Manager

Date