



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 27, 2014

Y. Stanley Saverus
Serenity Shore Assisted Living Facility, LLC
3955 Rose Drive
Berrien Springs, MI 49103

RE: Application #: AL110366288
Serenity Shore Assisted Living Facility
1883 W. Glenlord Road
Stevensville, MI 49127

Dear Mr. Saverus:

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 (616) 356-0100.

Sincerely,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL110366288

Applicant Name: Serenity Shore Assisted Living Facility, LLC

Applicant Address: 3955 Rose Drive
Berrien Springs, MI 49103

Applicant Telephone #: (269) 277-0970

Administrator/Licensee Designee: Yogarajah Saverus, Designee

Name of Facility: Serenity Shore Assisted Living Facility

Facility Address: 1883 W. Glenlord Road
Stevensville, MI 49127

Facility Telephone #: (269) 408-8547
09/18/2014

Application Date:

Capacity: 20

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

| | |
|------------|--|
| 03/25/2014 | Inspection Completed-Fire Safety : B |
| 08/19/2014 | Inspection Completed-Environmental Health : A |
| 09/18/2014 | Enrollment |
| 09/23/2014 | Contact - Document Sent Rules & Act booklets |
| 09/23/2014 | Comment Per consultant, using environmental health & fire inspections from AL110294466 |
| 10/09/2014 | Application Complete/On-site Needed |
| 10/16/2014 | Application Incomplete Letter Sent |
| 10/22/2014 | Inspection Completed On-site |
| 10/22/2014 | Inspection Completed-BCAL Full Compliance |
| XX/XX/XXXX | License Issued |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Serenity Shore Assisted Living is located in Stevensville, MI, a part of Lincoln Township. The home is located in a rural setting, on a two lane road surrounded by fields and neighborhoods. It is close to residential neighborhoods and within 2 miles or less of restaurants and other retail shopping. It is also within close proximity of the I-94 interchange. The home was previously licensed as an Adult Foster Care Home, and has undergone a number of recent upgrades. The licensed portion of the facility is one-story with a large, open living room/dining room area that is arranged to accommodate a variety of separate activities. The dining room amply and comfortably will seat 20 individuals at small tables seating four each. The kitchen is separated into an enclosed room but it has a door and large window into the dining area. It is fully equipped with industrial sinks, refrigerators and ranges. There are two ranges and two refrigerator/freezers, industrial style sinks for dish cleaning and a large stainless steel preparation counter.

There is an upper attic that is strictly for storage and is locked against entry, and a full basement used for storage. Neither the attic nor the basement will be utilized by residents. The heat plant and water heater are in the basement, which has a fully stopped, 1 3/4"-thick-equivalent door with a self-closing device.

The home offers thirteen rooms; six single occupant bedrooms and seven bedrooms equipped and large enough for double occupancy. Four units are on the south-west end of the building, two doubles and two singles. There is a large fully equipped bathroom off this hallway available for assisted showers and to be shared by the six residents in this wing. The east hallway has nine bedrooms, five doubles and four singles, eight of which have a half bath, with toilet and sink, inside the bedroom. There are two full baths off this wing, one at each end. One of the bathrooms has a shower stall and the other has a full tub/shower combination. In total, there are eight half- baths and three full bathrooms. The home is wheelchair accessible.

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 11'10" X 12'6" | 147 | 2 |
| 2 | 11'6" X 12'6" | 143 | 2 |
| 3 | 11'6" X 12'6" | 143 | 1 |
| 4 | 11'6" X 12'6" | 143 | 1 |
| 5 | 10' X 12'6" | 125 | 1 |
| 6 | 11'4" X 11'9" | 133 | 2 |
| 7 | 15'6" X 13' | 201 | 2 |
| 8 | 13'7" X 13' | 176 | 1 |
| 9 | 10" X 13" | 130 | 1 |
| 10 | 15' X 11'6" | 172 | 2 |
| 11 | 15' X 11'6" | 172 | 2 |
| 12 | 15' X 11'6" | 172 | 2 |
| 13 | 15' X 11'10" | 177 | 1 |

The home has public sewer and public water service. The facility has private garbage service arranged through a private contract to be removed weekly. The facility passed the Environmental Health inspection and is in full compliance with all environmental rules.

The home has been inspected by the Bureau of Fire Services and is in full compliance with fire safety rules. The home has a hard-wired alarm system. The emergency evacuation plan has been posted and evacuation procedures have been approved. There are three separate and independent fire safety exits, from the north, south and east ends of the building. The home is equipped with an emergency lighting system and has six fire extinguishers on the main level, one in the basement and one in the attic.

The home has telephone service and has 4 phone jacks for phone service. In addition, each bedroom has the capability of private phone service at the resident's expense. Each bedroom also has the capability of cable service, also at the resident's expense.

The living, dining, and sitting room areas measure a total of 1,229 square feet of living space. This complies with the 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The licensee is Serenity Shore Assisted Living Facility, LLC. This is a sole proprietorship company owned by Yogarajah "Stanley" Saverus. Mr. Saverus will be the administrator for the facility. The facility will be staffed by a minimum of one staff person to 15 residents, but the licensee intends to have at least a 1:10 ratio during daytime and evening hours. Mr. Saverus and his wife, Nelima Saverus, own and operate several other licensed facilities in the area. Mr. and Mrs. Saverus were joint applicants for Serenity Shore Assisted Living, at this address, beginning in 2008. The current application is a change of licensee as Mr. Saverus chose to apply under his LLC, Serenity Shore Assisted Living Facility, LLC. Documentation supporting training, education and experience in serving the population proposed for Serenity Shore has been submitted by Mr. Saverus and approved. Mr. Saverus is a licensed Registered Nurse with many years of experience and he has provided documentation of ongoing training in areas related to Adult Foster Care. Mr. and Mrs. Saverus own the facility and have submitted an approved budget for operating the facility.

II. 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 Mission Statement states that the facility is committed to providing quality care to its residents, providing daily personal care and 24 hour supervision. The home will accept residents who are private pay and will consider state payments on a case by case basis. Serenity Shores Assisted Living Facility plans to serve males and females, age 18 and up, who are aged and/or have physical, mental, emotional or developmental disabilities. The home will provide personal care, twenty-four hour supervision, protection, laundry services, a furnished room and three nutritious meals a day. The facility has a piano and TV in the living area, games, music and other leisure activities. Group activities will be planned and provided as well. The applicant intends to accept residents from private referral sources, The Area Agency on Aging, The Pace Program, Department of Human Services, Lakeland Regional Health System and others.

The licensee will provide transportation when necessary for medical appointments, community based recreation and religious activities. The facility utilizes visiting physician services approved by the resident and other in-home services. The facility has a variety of leisure and recreational equipment in the home. The home has easy access to community resources including public schools and libraries, local museums, shopping centers, and local parks.

The applicant is Serenity Shore Assisted Living Facility, LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on May 7, 2013. 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 member of this sole proprietorship, Mr. Saverus, has submitted documentation appointing himself as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The applicant licensee designee/administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator has 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 twenty-bed facility is adequate and includes a minimum of 1-staff –to-15 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 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 acknowledges their 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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

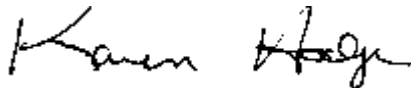
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

III. Records and Record-Keeping

The applicant was provided technical assistance on the statutory requirements, Section 400.734b of PA 218, pertaining to the hiring or contracting of persons who provide direct services to residents. The applicant was provided with information and technical assistance regarding recordkeeping and required forms. The applicant was also provided information that forms and information are available for download from the website: www.michigan.gov/afchfa. Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including handling and accounting of the resident funds.

IV. RECOMMENDATION

I recommend a temporary license be issued to this Adult Foster Care Large Group Home with a capacity of twenty (20).



10/23/2014

Karen Hodge
Licensing Consultant

Date

Approved By:



10/27/2014

Leon M. Hale
Area Manager

Date