



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

June 19, 2015

Deanna McMahon
ARHC ARCLRMI01 TRS, LLC
106 York Road
Jenkintown, PA 19046

RE: Application #: AL630365575
Autumn Ridge of Clarkston 1
5800 Water Tower Pl
Clarkston, MI 48346

Dear Ms. McMahon:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Adams".

Cindy Adams, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL630365575

Applicant Name: ARHC ARCLRMI01 TRS, LLC

Applicant Address: 106 York Road
Jenkintown, PA 19046

Applicant Telephone #: (215) 887-2582

Administrator/Licensee Designee: Deanna McMahon

Name of Facility: Autumn Ridge of Clarkston 1

Facility Address: 5800 Water Tower Pl
Clarkston, MI 48346

Facility Telephone #: (248) 625-0500

Application Date: 09/02/2014

Capacity: 20

Program Type: MENTALLY ILL
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/02/2014	Enrollment
09/08/2014	Application Incomplete Letter Sent FP/Deanna.
09/08/2014	Contact - Document Sent Act & Rules.
10/02/2014	Application Incomplete Letter Sent IRS-FEIN letter/verification of corp.
10/02/2014	Contact - Telephone call received Attorney Allie Slavet re. Deanna's FP status and will fax IRS-FEIN letter/verification of corporation.
10/02/2014	Contact - Document Received IRS-FEIN confirmation.
10/03/2014	Inspection Report Requested – Fire
10/03/2014	Inspection Report Requested – Health 1023564.
10/03/2014	Comment Fire Safety string sent.
10/03/2014	File Transferred To Field Office Pontiac.
10/10/2014	Application Incomplete Letter Sent
10/21/2014	Inspection Completed-Environmental Health: A
12/08/2014	Application Complete/On-site Needed
05/08/2015	Inspection Completed On-site
05/08/2015	Inspection Completed-BCAL Sub. Compliance
05/29/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Autumn Ridge of Clarkston 1 is located at 5800 Water Tower Place in Clarkston, MI. The facility is located on a large parcel of land as part of an assisted living complex. The facility is one of three facilities on this campus with McLaren medical emergency facility located in the immediate vicinity.

As a previously licensed adult foster care facility, Autumn Ridge of Clarkston 1 has approximately 2000 square feet of living space consisting of a kitchen and a combined open style dining room, living and life skills area that is centrally located between the two hallways where bedrooms and baths are located. The facility also has a beauty salon, a separate medication room and an office/conference room. A first floor laundry room is conveniently located off a hallway near the dining room.

Requirements for activity/living space are easily met with the available dining and life skills area that offer more than the required 35 square feet of multi-purpose living space for each resident.

Bedroom dimensions provided with a floor plan show that each of the facility's 20 bedrooms has a floor space that ranges from 108 to 138 square feet with most rooms measured at 138 square feet.

The facility has a total of 10 half bathrooms and four full bathrooms. Two private bedrooms have their own full baths. The other remaining 18 bedrooms have a half bathroom for sharing with an adjoining room while full bathing facilities are available in the two full bathrooms located along the hallway of bedrooms. One of these full bathrooms is equipped with both a shower and a bathtub to offer options for bathing.

The facility is at ground level and is wheelchair accessible.

The facility is equipped with a full basement that houses four of the facilities six furnaces and an 80 gallon hot water heater and storage tank. Two additional furnaces are installed in the attic of the facility. The basement is not directly accessible to residents since it is located outside of the resident area.

The facility is secured with an electronically controlled door system that requires that a pre-programmed code be entered into a keypad in order to enter or exit the building. The system is designed to allow for immediate egress in the event of an emergency.

The facility is equipped with a back-up generator that will service the entire facility in the event of a power outage.

In this last year, the facility was given full approval when inspected by both the Oakland County Department of Public Health and the Office of Fire Safety.

B. Program Description

ARHC ARCLRMI01 TRS, LLC submitted an application for original license on 09/02/2014 for a large group home. The licensee designee for ARHC ARCLRMI01 TRS, LLC is Deanna McMahon. The application indicated that the facility will accept both males and females 58 years of age and older who are mentally ill, aged, physically handicapped and who suffer from Alzheimer's disease. Residents can be ambulatory or non-ambulatory as the facility is barrier free in design.

The facility is currently licensed under Clarkston Retirement Investors, LLC, AL630349091. This new application for licensure was made due to a change in licensees from Clarkston Retirement Investors, LLC to ARHC ARCLRMI01 TRS, LLC. A lease agreement has been established between ARHC ARCLRMI01 TRS, LLC and Clarkston Retirement Investors, LLC until approval for this application has been given.

The facility has 24 hour staffing of care managers to provide direct personal care to residents. At least two direct care staff is available at all times. In addition to the care managers, a medication passer is also assigned on each shift and is available to assist with direct care. In addition to care managers and medication passers, the facility has separate staff for providing resident activities and for cooking, cleaning and maintenance. The additional outside services that are made available at the facility include those of beautician/barber, visiting physicians, therapists, podiatrists and hospice.

Autumn Ridge of Clarkston's program of care trains its direct care staff to provide each resident with the personal care, supervision and protection that is specified for each resident in his or her written plan of care. This plan of care is initially established with the resident and his or her guardian or designated representative at the time of a resident's admission and at least annually thereafter. The facility's management team, including the Director of Nursing and the facility's director of services, regularly reassesses each resident on a monthly basis and modifies the written plan of care as needed.

As the management group for the two current licensed Autumn Ridge of Clarkston large adult foster care homes, the applicant is aware that the direct care staff who are considered as part of regular staffing ratio, are required to be fully trained to be competent in all required areas prior to working in the facility.

C. Applicant and Administrator Qualifications

The applicant is a Limited Liability Company, established in Michigan on 6/26/2014. 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.

Criminal history background checks of the licensee designee and administrator, Deanna McMahon were completed and she was determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. McMahon has the required experience and education to qualify as the administrator and licensee designee. Ms. McMahon hold a high school diploma and has 22 years of service working with the elderly population. She has worked as the executive director of Autumn Ridge of Clarkston 1 and 2 for the past eight months and oversees the day to day operation of both facilities. Prior to working as the executive director, Ms. McMahon worked as the assistant living coordinator for 4 years and the dining services coordinator for 12 years at both Autumn Ridge of Clarkston 1 and 2. Ms. McMahon submitted all training documentation meeting compliance with Rule 400.14201 (3) (a) through (i). Ms. McMahon also submitted a medical clearance that she is in good physical and mental health dated 1/29/2015. Ms. McMahon also had a tuberculin test done on 12/19/2014 with result being negative on 12/22/2014. Ms. McMahon also had her fingerprints completed on 9/25/20114 that indicated she is of good moral character as evidenced by no criminal history.

The applicant acknowledged 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. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

There was no rule or statutory violations at the final inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

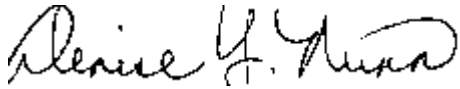


06/19/2015

Cindy Adams
Licensing Consultant

Date

Approved By:



06/19/2015

Denise Y. Nunn
Area Manager

Date