



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

April 1, 2016

Mary Gibbons
Memory Mission, LLC
PO Box 505
Mount Pleasant, MI 48804

RE: Application #: AL370377901
Stone Lodge Supportive Senior Living
415 N. Chippewa Street
Shepherd, MI 48883

Dear Ms. Gibbons:

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 14 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL370377901
Applicant Name:	Memory Mission, LLC
Applicant Address:	1505 South Drive Mount Pleasant, MI 48858
Applicant Telephone #:	(989) 620-4340
Administrator/Licensee Designee:	Mary Gibbons, Designee
Name of Facility:	Stone Lodge Supportive Senior Living
Facility Address:	415 N. Chippewa Street Shepherd, MI 48883
Facility Telephone #:	(989) 828-5683
Application Date:	05/15/2015
Capacity:	14
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

05/15/2015	Enrollment
06/03/2015	Contact - Document Sent Act&Rules,FireSafety String.
06/03/2015	Inspection Report Requested - Fire
06/03/2015	Inspection Report Requested - Health 1024332.
06/03/2015	File Transferred To Field Office Saginaw.
06/10/2015	Comment File received in field.
06/11/2015	Application Incomplete Letter Sent
06/25/2015	Contact - Document Received Floor plans
06/26/2015	Contact - Document Sent TA concerning floor plans
02/12/2016	Inspection Completed On-site
03/02/2016	Inspection Completed-Env. Health : A
03/21/2016	Inspection Completed-Fire Safety : C Dutch doors on bedrooms must have different latches.
03/21/2016	Inspection Completed-Fire Safety : Approval of Delayed Egress
03/23/2016	Inspection Completed On-site Waiting on fire safety
03/23/2016	Inspection Completed-BCAL Full Compliance
03/24/2016	Application Complete/OFS Needed Waiting on full approval
03/31/2016	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Stone Lodge was converted from a church building located in the village of Shepherd, Michigan. The interior of the facility was redesigned to resemble a vacation lodge. The property is owned by the licensee corporation, and Memory Missions LLC was also granted a special use permit by the Village Of Shepherd. The facility currently has room for 13 residents, but plans for an addition to the facility include additional bedrooms. Stone Lodge is conveniently located inside the village limits. Health care, shopping, and other amenities are available in Shepherd or in nearby Mt. Pleasant (12 miles) or Alma (12 miles). The facility is at ground level and is fully wheel-chair accessible.

The furnaces and hot water heater are located in the Mechanical Room constructed of material that has a 1-hour-fire-resistance rating with a steel fire door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with the required smoke detection alarm and fire suppression systems, with battery backup, properly installed and fully operational. These systems were reviewed and approved by the Bureau of Fire Services. The facility was inspected by the environmental sanitarian from the Department of Public Health and was found to be in full compliance with applicable rules. The facility was inspected by the Bureau of Fire Services and received full approval on 3/31/16.

From the main entrance into a vestibule area, five resident bedrooms (#1-5) are located in the north wing, with two half baths and one full bath with shower. Five additional resident bedrooms (#6-10) are located along the south wall of the facility, opening onto the dining area and great room. The facility also has a "sensory room" designed especially for use with memory care programs. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 9'	90 sq. ft.	1
2	10' x 9'	90 sq. ft.	1
3	9.8' x 14.8'	145 sq. ft.	2
4	10' x 15.6'	156 sq. ft.	2
5	9.8' x 15.6'	153 sq. ft.	2
6	9.7' x 11.6'	113 sq. ft.	1
7	9.8' x 11.6'	114 sq. ft.	1
8	9.6' x 11.6'	111 sq. ft.	1
9	9.8' X 11.6'	114 sq. ft.	1
10	11.2' x 12.7'	142 sq. ft.	2

The Great Room and dining area (40' x 22.3' = 892 sq. ft.) and sensory room (13' x 10.8' = 140 sq. ft.) provide a total of 1032 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 **fourteen** (14) 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 **up to fourteen (14)** male or female person with Alzheimer's disease and related dementias in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and special memory care and sensory program.

The licensee will provide transportation for program and medical needs at additional cost. The facility will make provision for a variety of leisure and recreational equipment. A variety of services will be made available within the facility and these services are described in the facility's program statement.

C. Applicant and Administrator Qualifications

The applicant is Memory Missions, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 2/21/2014. 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.

The Board of Directors of Memory Missions, L.L.C. has submitted documentation appointing Mary Jo Gibbons as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no lien convictions recorded for Ms. Gibbons. Ms. Gibbons also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Gibbons 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 14-bed facility is adequate and includes a minimum of one staff to twelve residents per shift. Staffing shall be dependent upon the needs of current residents. 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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.

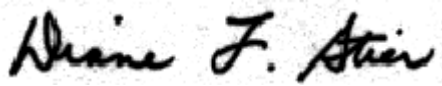
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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/large group home (capacity 1 - 14).



Diane L Stier
Licensing Consultant

April 1, 2016
Date

Approved By:



Ardra Hunter
Area Manager

April 1, 2016
Date