



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 27, 2016

Rachel Bartlett  
Eden Fields Assisted Living And Memory Care  
3567 Deep River Rd.  
Standish, MI 48658

RE: Application #:	AL060380540 Eden Fields Assisted Living 3567 Deep River Rd Standish, MI 48658
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Dear Mrs. Bartlett:

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 (517) 284-9720.

Sincerely,

Mary T. Fischer, Licensing Consultant  
Bureau of Community and Health Systems  
1509 Washington, Suite A  
Midland, MI 48640  
(989) 293-6338

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL060380540
<b>Licensee Name:</b>	Eden Fields Assisted Living And Memory Care
<b>Licensee Address:</b>	3567 Deep River Rd. Standish, MI 48658
<b>Licensee Telephone #:</b>	(989) 903-5405
<b>Administrator/Licensee Designee:</b>	Rachel Bartlett, Designee
<b>Name of Facility:</b>	Eden Fields Assisted Living
<b>Facility Address:</b>	3567 Deep River Rd Standish, MI 48658
<b>Facility Telephone #:</b>	(989) 903-5405
<b>Application Date:</b>	11/28/2015
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

11/28/2015	On-Line Enrollment
02/04/2016	Inspection Completed On-site Walked through the unfinished building with the builder.
02/09/2016	PSOR on Address Completed None identified in immediate area.
03/10/2016	Inspection Completed On-site Spoke with builder about the location of fence, resident furniture - being brought in by most residents - they will sign a statement of resident's property. Also discussed the generator.
05/12/2016	Inspection Completed On-site Reviewed and collected paperwork, floor plans, reviewed facility with builder and Licensee Designee.
05/24/2016	Inspection Completed On-site Final walk through, collected last of the paperwork.
05/27/2016	Environmental Health Inspection completed with an "A" rating.
05/27/2016	Office Of Fire Safety Inspection completed by Mark Hornberger with an "A" rating.
05/27/2016	Recommend License Issuance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Eden Fields Assisted Living and Memory Care, Inc. has constructed a 27,002 square foot, single story, at street level, traditional style facility in a country setting. The building is designed to be easily accessible for anyone with ambulatory disabilities. The building is wood constructed with stone and vinyl siding. The facility is located in Standish, about 1 mile from the Library, shopping areas, restaurants, and the St. Mary's Hospital. The facility has a beauty salon for the convenience of the residents. The applicant reported that they are planning to have an activity room with someone to coordinate activities for the residents. This Facility is called Eden Fields Assisted Living and is a 20 bed facility.

The furnace and hot water heater are located on the main floor with a self-closing, 1-3/4 inch solid core door in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The Facility has an alarm system and sprinkler system that have been certified and fully approved plan review projects by Mark Hornberger, Office of Fire Safety, on 5/27/16.

All of the Resident bedrooms have private bathrooms. Two of the bedroom units are barrier free so that the resident will be better able to utilize the sink in the bathroom. The bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
6- Apt Style	24.8 x 26.6	659.68 sq. feet	1
12 - Studio	14.4 x 23.8	342.72 sq. feet	1
2- Barrier free	14.4 x 24.8	357.12 sq. feet	1

The living, dining, and sitting room areas measure a total of **1,937** 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 **Twenty (20)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity. This home is wheelchair accessible.

**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 **twenty (20)** male or female ambulatory or physically handicapped adults whose diagnosis is physically handicapped, aged and Alzheimer’s in the least restrictive environment possible. The applicant intends to provide care to residents aged 60 to 99. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. Residents will be referred from: Council on Aging, Local Home Health Care Providers, the Local hospitals, etc.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

**C. Applicant and Administrator Qualifications**

The applicant is Eden Fields Assisted Living and Memory Care, Inc., which is a “For Profit Corporation” was established in Michigan, on 04/10/2015. 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator, Mrs. Rachael Bartlett. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee and administrator have 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 **20**-bed facility is adequate and includes a minimum of **1** staff –to- **10** residents per shift. 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](http://www.miltcpartnership.org)), Morpho Trust (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.

#### D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

## II. RECOMMENDATION

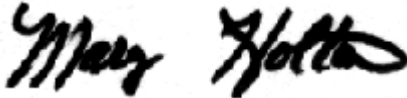
I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).
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05/27/2016

Mary T. Fischer Licensing Consultant	Date
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Approved By:



5/27/2016

Mary E Holton Area Manager	Date
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