



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 19, 2016

Shapoor Ansari
A.L.C.C. Inc.
1543 Island Lane
Bloomfield Hills, MI 48302

RE: Application #: AL580382350
Alice Lorraine Care Center - 2
2590 N. Monroe Street
Monroe, MI 48162

Dear Mr. Ansari:

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 18 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL580382350

Applicant Name: A.L.C.C. Inc.

Applicant Address: 1543 Island Lane
Bloomfield Hills, MI 48302

Applicant Telephone #: (734) 243-4000

Administrator/Licensee Designee: Shapoor Ansari

Name of Facility: Alice Lorraine Care Center - 2

Facility Address: 2590 N. Monroe Street
Monroe, MI 48162

Facility Telephone #: (734) 243-4000

Application Date: 04/04/2016

Capacity: 18

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

10/19/2015	Inspection Completed-Fire Safety : A
04/04/2016	Enrollment
04/12/2016	Inspection Report Requested - Health Inv. #1025613
04/12/2016	Contact - Document Sent Rules & Act booklets
04/12/2016	Application Incomplete Letter Sent Correct 1326's, FP's & Live scan request for Kimberly (LD & Admin)
05/02/2016	Contact - Document Received Correct 1326's & app (Shapoor Ansari – Licensee designee; Kimberly Sexton - Administrator)
05/04/2016	Application Incomplete Letter Sent Requesting all required documents
05/06/2016	Inspection Completed-Env. Health : A
06/09/2016	Contact - Document Received Received policies and procedures from applicant.
06/21/2016	Contact - Document Sent Reviewed policies and procedures and sent an email to the applicant and administrator requesting missing procedures/policies. Also requested changes be made to existing procedures to comply with the rules.
07/11/2016	Contact - Face to Face Picked up updated policies/procedures.
08/01/2016	Contact - Telephone call made Spoke with Administrator Ms. Sexton. On-site inspection scheduled for 08/26/16.
08/02/2016	Application Complete/On-site Needed
08/26/2016	Inspection Completed On-site
08/26/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Alice Lorraine Care Center is located in the city of Monroe and township of Frenchtown. The facility is located in the lower level of a current licensed large facility (AL580015492) that is operated by the same corporation. The facility is one level and is wheelchair accessible as there are two exits that lead directly to the outside and are equipped with concrete ramps.

The primary entrance to the facility is located on the west side of the facility and is immediately off the parking lot. Upon entering the facility is a very large common activity area that includes a staff work station, public restroom, living room, dining room, small kitchen area and a hallway that leads to the resident bedrooms and the mechanical room. To the right of the entrance is a large waiting room/lobby area and a hallway that leads to resident bedrooms, the second exit of the facility, and staff office space which also includes a full bathroom. Off the dining area is another hallway that leads to a storage room, salon area and laundry room. The locked medication cabinet is located in the staff work station.

There are nine bedrooms in the facility; the bedroom locations and square footage of each bedroom is as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'11"x11'2"	178 sq. ft.	2
2	19'6"x10'11"	213 sq. ft.	2
3	15'6"x13'1"	202 sq. ft.	2
4	18'8"x11'9"	219 sq. ft.	2
5	13'x11'4"	147 sq. ft.	2
6	13'x11'4"	147 sq. ft.	2
7	16'x10'	160 sq. ft.	2
8	14'6"x12'2"	176 sq. ft.	2
9	12'3"x18'3" + 11'4"x10'3"	339 sq. ft.	2

Bedrooms 1, 4,7,8,9 have their own full bathroom.
Bedrooms 2 and 3 and 5 and 6 share a full bathroom.

The living, dining, and sitting areas measure a total of 1530 square feet of 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 **18** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

Public water and sewer services this facility. The Monroe County Public Health Department inspected the facility and gave full approval.

The Bureau of Fire Safety approved the sprinkler and smoke detection systems and granted full approval.

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 **18** male or female ambulatory and non-ambulatory adults whose diagnosis is Alzheimer's disease and aged, in the least restrictive environment possible. 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.

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 facility will make provision for a variety of leisure and recreational equipment and activities.

Emergency medical services will be provided by the Frenchtown Township emergency transportation services. The facility does not provide transportation services, regular transportation services can be provided by the available public transportation system or by family members.

C. Applicant and Administrator Qualifications

The applicant is Alice Lorraine Care Center, Inc., which is a "For Profit Corporation" was established in Michigan, on 05/26/1994. 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 Alice Lorraine Care Center, L.L.C. has submitted documentation appointing Shapoor Ansari as Licensee Designee for this facility and Kimberly Sexton as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their 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 18-bed facility is adequate and includes a minimum of 2 staff –to-18 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 18).



Pandrea Robinson
Licensing Consultant

09/12/16

Date

Approved By:



09/19/16

Ardra Hunter
Area Manager

Date