



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 28, 2016

Renee Reynolds  
Mulberry Senior Residence, LLC  
18854 Parke East Ct.  
Riverview, MI 48193

RE: Application #: AS820382528  
Mulberry Senior Residence  
17928 Mulberry  
Riverview, MI 48193

Dear Ms. Reynolds:

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 6 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 #:** AS820382528

**Applicant Name:** Mulberry Senior Residence, LLC

**Applicant Address:** 18854 Parke East Ct.  
Riverview, MI 48193

**Applicant Telephone #:** (734) 283-1412

**Administrator/Licensee Designee:** Renee Reynolds

**Name of Facility:** Mulberry Senior Residence

**Facility Address:** 17928 Mulberry  
Riverview, MI 48193

**Facility Telephone #:** (734) 225-1104

**Application Date:** 04/25/2016

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

04/25/2016	Enrollment Application was done online but deleted in error on 4-29-2016
04/28/2016	Contact - Telephone call received Phone call from licensee's husband, Tom, asking about application and since he was not involved in the facility did he need clearances.
04/28/2016	Contact - Document Sent
04/28/2016	Application Incomplete Letter Sent Need Bcal-1326 and MSP livescan request for Renee Reynolds and a copy of Federal IRS letter.
05/06/2016	Contact - Telephone call made Returned Ms. Reynolds message to call back and talk about forms she is sending in.
05/13/2016	Contact - Document Received Online copy of application BCAL-569-c. BCAL 1326 A 2x's and MSP RI-030 form clearance forms for Renee Reynolds, BCAL-3704-AFC med clearance for Renee Reynold. Copy of IRS Federal ID number confirmation.
05/13/2016	File Transferred To Field Office Detroit/Wayne
05/19/2016	Application Incomplete Letter Sent
07/11/2016	Contact - Document Received Received policies and procedures from applicant.
08/01/2016	Contact - Document Sent Reviewed policies and procedures and sent an email to applicant providing technical assistance and requesting documentation, including required training to be submitted by 09/01/16.
08/26/2016	Contact - Document Received Received updated policies and procedures from Ms. Reynolds.
09/15/2016	Technical Assistance Provided technical assistance regarding policies and procedures that require revisions. Onsite inspection scheduled for 09/30/16.
09/20/2016	Inspection Completed-BCAL Sub. Compliance
09/23/2016	Application Complete/On-site Needed

09/30/2016	Inspection Completed On-site
10/03/2016	Application Incomplete Letter Sent Confirming Letter sent informing licensee designee of the violations.
10/13/2016	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is located in the downriver community of Riverview, located east of I-75. The home is an all-white vinyl sided ranch-style home. The home does not have a basement and is currently not wheelchair accessible. The home has a paved driveway with a two car detached garage. The living and dining areas measure a total of 533 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The furnace and hot water heater are located on the first floor separated from the rest of the house by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'9" x 11'1"	97 sq. ft.	1
2	11'3" x 10'5"	117 sq. ft.	1
3	11'6" x 10'6"	121 sq. ft.	1
4	11'7" x 10'3"	119 sq. ft.	1
5	10'1" x 10'2"	103 sq. ft.	1
6	10'1" x 10'2"	103 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six** (6) male or female ambulatory adults whose diagnosis is Alzheimer's 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, if applicable.

The licensee will provide/assure 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 Mulberry Senior Residence, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/31/2015. 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.

The Board of Directors of Mulberry Senior Residence, L.L.C. has submitted documentation appointing Renee Reynolds as Licensee Designee and 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 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](http://www.miltcpartnership.org)), MorphoTrust by Identogo (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 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 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 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 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 applicant 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 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 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 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 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 applicant/licensee designee 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 AFC adult small group home (capacity 1-6).



Pandrea Robinson  
Licensing Consultant

10/17/16  
Date

Approved By:



10/28/16

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Ardra Hunter  
Area Manager

Date