



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

July 22, 2003

Ms. Reisa Mielke
Seminole Shores Living Center
850 Seminole Road
Muskegon, Michigan 49441

RE: Application # AH610255010
Seminole Shores Living Center
850 Seminole Road
Muskegon, MI 49441

Dear Ms. Mielke:

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 permit with a maximum capacity of 129 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Deborah J. Wood, Area Manager, at (517) 335-4533.

Sincerely,

Cecile F. Pierce
Licensing Staff
(517) 241-5132

Enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AH610255010

Applicant Name: Seminole Shores Operating Company

Applicant Address: 950 Taylor Avenue
Grand Haven, MI 49417

Applicant Telephone #: (616) 842-2425

Administrator/Licensee Designee: Reisa Mielke, Administrator
Kathleen Garfield, Designee

Name of Facility: Seminole Shores Living Center

Facility Address: 850 Seminole Road
Muskegon, MI 49441

Facility Telephone #: (231) 780-2944

Application Date: 01/29/2003

Capacity: 129

Program Type: Aged
Alzheimer's

II. METHODOLOGY

01/29/2003	Enrollment
02/02/2003	Fee received
07/11/2003	Contact - Scheduled initial inspection for 7/21/2003
07/14/2003	Inspection Completed-Fire Safety: Full Approval
07/21/2003	Inspected Physical Plant
07/21/2003	Interviewed Administrator, Food Service Manager and Quality Assurance Manager
07/21/2003	Reviewed policies and procedures operating manual
07/21/2003	Inspection Completed On-site
07/21/2003	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a 129-bed facility located in the City of Muskegon currently licensed under another licensee. This inspection was conducted for a proposed change in ownership.

The one-story facility includes a 99 bed general area and the Terrace, a 30-bed unit for special care residents.

Each resident room has a private bathroom with shower, linen closet, and clothes closet. The rooms have radiant, in-floor heat and through-the-wall air conditioners. Windows may be opened. Staff call pull cords are located in all resident rooms and bathrooms.

The two Terrace wings are a secure unit with exterior doors as well as doors to the general area equipped with magnetic locks. Doors may be opened via use of a keypad. The outside walking path is surrounded by a tall vertical iron rail fence. The gate is secured with a lock. Doors into the walking area are secured with magnetic locks, which can be released to permit residents free access when the weather permits.

The facility has a large activity room, two dining rooms in the general area and one in the Terrace, a large kitchen, an auxiliary kitchen near the second general area kitchen and the Terrace, and two laundry rooms.

There are several patio areas and two large ponds with fountains on the facility grounds.

Smoking is not permitted within the facility.

The building uses the public water and sewer systems.

B. Program Description

The facility provides room and board; housekeeping and laundry services; social and recreational functions; and assistance with medications. Nine levels of care are offered based on personal services assessments. Personal service assessments are conducted on a regular schedule after admission.

The Terrace unit provides specialized care for individuals with Alzheimer’s disease and dementia.

There is a beauty salon in the facility that operates five days per week.

Several activities are scheduled every day.

Local transportation is available for residents

IV. RECOMMENDATION

I recommend issuance of a temporary permit to this home for the aged.

Cecile F. Pierce Date
Licensing Staff

Approved By:

Deborah J. Wood Date
Area Manager