



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

August 14, 2015

Brenda Green  
New Life Assisted Living Center, LLC  
6622 White Clover Dr.  
East Lansing, MI 48823

RE: Application #: AL330365205  
New Life Assisted Living Center, LLC  
2077 Haslett Rd.  
Haslett, MI 48840

Dear Ms. Green:

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,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330365205
<b>Applicant Name:</b>	New Life Assisted Living Center, LLC
<b>Applicant Address:</b>	6622 White Clover Dr. East Lansing, MI 48823
<b>Applicant Telephone #:</b>	(517) 339-0025
<b>Licensee Designee:</b>	Brenda Green
<b>Administrator:</b>	Brenda Green
<b>Name of Facility:</b>	New Life Assisted Living Center
<b>Facility Address:</b>	2077 Haslett Rd. Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 339-0025
<b>Application Date:</b>	08/28/14
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## **II. METHODOLOGY**

08/28/2014	Enrollment
09/03/2014	Contact - Document Sent Rules & Act booklets
09/03/2014	Inspection Report Requested - Health
09/03/2014	Inspection Report Requested - Fire
09/03/2014	Contact - Document Sent Fire Safety String
09/03/2014	Application Incomplete Letter Sent To Brenda Green.
09/10/2014	Application Complete/On-site Needed
05/07/2015	Inspection Report Requested – Environmental Health
05/19/2015	Inspection Completed-Environmental Health : A
05/13/2015	Inspection Completed-Fire: A
08/06/2015	Inspection Completed On-Site
08/06/2015	Inspection completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility:**

New Life Assisted Living Center is a newly remodeled, ranch style, single story 'T' shaped, aluminum sided building. The facility is located in Haslett, Michigan, which provides numerous choices in medical care, entertainment, shopping, parks, libraries and other community amenities. The facility itself has 14 resident bedrooms, six of which are designated as semi-private and six private rooms. The facility also has a beauty salon available for resident use and a full sized kitchen that will be used to cook all of the resident meals. Upon entering the facility and walking through the foyer, an individual is greeted by the kitchen, which leads into the large living and dining area. To the left of the foyer are two resident bedrooms and to the right is a small seating area leading to an activity room for resident use. Through the activity room there is the beauty salon, an office for administrative use and the medication room. Twelve resident bedrooms are located down one long hallway accessible through the living area. There are also two laundry rooms and three bathrooms located down the hallway. The facility furnishings are comfortable. There are several dining tables and an activity room where

residents can participate in crafts or puzzles, several televisions throughout the facility, and large windows out which residents may enjoy viewing the surrounding trees and wildlife. The facility was designed with smooth flooring that is easily maneuverable, individualized room color and design to help residents identify rooms, chimes on all exits and outdoor gates, and smaller, home-like design with common living space for all residents. Residents are encouraged to bring items from home, such as furniture and pictures.

The facility does not have a basement. All exits and entrances to the facility are at grade and the door widths accommodate wheelchair users. The facility has public water and public sewage disposal system and was inspected by the Ingham County Health Department on 05/19/2015. The facility was determined to be in substantial compliance with all applicable rules.

There are two furnaces and two water heaters, which are powered by natural gas, and located in two separate utility rooms on the first floor of the home. Floor separation is created by a fire-rated metal door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational or battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility was inspected and determined to be in compliance on 05/13/15.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	12'9" x 8'11"	114	One resident
Room #2	11'5" x 8'7"	98	One resident
Room #3	15'7" x 9'	140	Two residents
Room #4	10' x 9'	90	One resident
Room #5	10' x 9'	90	One resident
Room #6	15'7" x 9'	140	Two residents
Room #7	10'2" x 9'	91.5	One resident
Room #8	9' x 16'	144	Two residents
Room #9	15'10" x 9'	142.5	Two residents
Room #10	10' x 9'	90	One resident
Room #11	15'10" x 9'	142.5	Two residents
Room #12	10' x 9'	90	One resident
Room #13	10' x 9'	90	One resident
Room #14	17' x 9'	153	Two residents

The indoor living and dining areas measure a total of 2471.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description:**

The applicant intends to provide 24-hour supervision, protection and personal care to twenty male and/or female residents who are aged or who have Alzheimer's disease or related conditions. The overall philosophy of the facility is to make residents' lives as fulfilled as possible by meeting physical, social, emotional, and spiritual needs, while ensuring safety, reducing fears, and providing a comfortable, warm atmosphere. The program statement states a commitment to using patience and understanding with residents with Alzheimer's disease or related conditions, to provide security by keeping things simple and routine, encouraging interaction, and communication with smiles and humor. The admission policy indicated criteria for placement in or transfer or discharge from a program for residents with Alzheimer's disease or related conditions. The applicant intends to utilize the resident health care appraisal, interview and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs. The applicant has determined the facility cannot accept or retain residents who attempt to wander away from the facility, or display aggressive behavior. The facility will accept residents who are forgetful, easily confused or have difficulty understanding and concentrating.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The facility has a tool to assess the needs of each resident and establish a plan of care. The assessment form is completed by the facility administrator with the assistance of the residents' family member or responsible party. The assessment tool uses a Likert-type scale to identify the level of care needed in several areas, including: bathing, grooming, elimination, bowel, orientation, oral care, vision/hearing, speech, mobility, transfer needs, diet, feeding, and special equipment or other needs. All interventions will be implemented only by staff trained in the intervention techniques. Staff will be trained initially and on an ongoing basis on proper ways to care for residents with Alzheimer's disease and similar conditions by representatives from the Michigan Assisted Living Association, Michigan Association Foster Care Association, Hometown Health and Hospice, and Heartland Home Health and Hospice.

Residents will be engaged in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living. Residents will be able to participate in physical activities such as chair exercises with balls and beanbags daily. The applicant intends to provide other daily activities, such as music, crafts, movies, pet therapy, or spa day.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

The applicant intends to accept residents with private sources for payment. No supplemental fees will be charged for services provided to patients or residents with Alzheimer's disease or related conditions.

### **C. Applicant and Administrator Qualifications:**

The applicant is New Life Assisted Living Center, LLC a "Domestic Limited Liability Company", established in Michigan on 03/25/2011. 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 members of New Life Assisted Living Center, LLC have submitted documentation appointing Brenda Green as licensee designee and administrator for this facility.

Criminal history background checks of the applicant and administrator were completed and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Green submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Green has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Green currently operates two licensed AFC group homes and has successfully since February 18, 2011. Mrs. Green currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Mrs. Green strongly believes in helping residents maintain independence and continue to pursue and develop interests.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff for twenty residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs and also due to the arrangement of the physical setting. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations:**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION:**

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of twenty residents.



08/10/2015

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Leslie Barner  
Licensing Consultant

Date

Approved By:



8/14/15

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Betsy Montgomery  
Area Manager

Date