



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 22, 2017

Lura Butler-Engel  
Premier Operating Clarkston MC, LLC  
299 Park Ave - 6 Floor  
New York, NY 10171

RE: Application #: AL630382793  
The Pines Of Clarkston Memory Care  
7570 Dixie Hwy  
Clarkston, MI 48346

Dear Mrs. Butler-Engel:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Adams".

Cindy Adams, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630382793
<b>Licensee Name:</b>	Premier Operating Clarkston MC, LLC
<b>Licensee Address:</b>	299 Park Ave - 6 Floor New York, NY 10171
<b>Licensee Telephone #:</b>	(212) 739-0794
<b>Licensee Designee:</b>	Lura Butler-Engel
<b>Administrator:</b>	Heidi Settle
<b>Name of Facility:</b>	The Pines Of Clarkston Memory Care
<b>Facility Address:</b>	7570 Dixie Hwy Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 922-7000
<b>Application Date:</b>	05/16/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS

## II. METHODOLOGY

05/16/2016 On-Line Enrollment

05/26/2016 Comment  
Per Susan Snellenberger, 5/23/2016 email-Changed Mail Codes from Licensee in NY to Facility Address.

05/26/2016 Application Incomplete Letter Sent  
FP, RI-030,1326A/Robin (per CG 5/20/2016 email) and 1326/Administrator, if different from Robin.

05/26/2016 Contact - Document Sent  
Act and Rules.

07/07/2016 Contact - Document Received  
RI-030, 1326/Christine (not Robin/this online app) as licensee designee.

07/13/2016 Application Incomplete Letter Sent  
2ndRequest-FP, RI-030, 1326A/Robin&1326/Administrator. Or new App/Christine as LD/1326A&RI-030 received 7/7/2016.

07/28/2016 Application Incomplete Letter Sent  
1326A/Administrator.

07/28/2016 Contact - Document Received  
1326A/Administrator.

07/29/2016 Inspection Report Requested - Fire

07/29/2016 Contact - Document Sent  
Fire Safety String (2ltrs, 1712 and 979).

07/29/2016 File Transferred To Field Office  
Pontiac.

08/02/2016 Contact - Document Received  
Licensing file received from Central office

09/20/2016 Application Incomplete Letter Sent

01/17/2017 Contact - Document Received  
Received additional documents from the applicant.

02/27/2017 Application Complete/On-site Needed

03/03/2017 Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Pines of Clarkston Memory Care is located at 7570 Dixie Hwy in Clarkston, Michigan. It is a single story, ranch style facility that consists of 20 bedrooms, two are handicap accessible and all are equipped with bathrooms and showers, a large commercial kitchen, a spacious dining area, sitting and living area, a theater room, a family conference room and a café. There is also an office, laundry room and a restroom for staff. The facility has public water and sewage.

The furnace is located on the roof of the facility and the hot water heater is located in the mechanical room. The mechanical room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility is also equipped with an interconnected, hardwired smoke detection system, with battery back-up that was installed by a licensed electrician and is fully operational.

The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

There are three doors for means of egress, the main entrance at the front of the facility and two at the east side of the facility. All three doors are equipped with alarms and are wheelchair accessible. There is a fenced in patio located on the east side of the facility that is equipped with an alarm.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 12'	144	1
2	12' x 12'	144	1
3	15' x 13'	195	1
4	16' x 16'	256	1
5	16' x 16'	256	1
6	15' x 13'	195	1
7	12' x 12'	144	1
8	12' x 12'	144	1
9	12' x 12'	144	1
10	12' x 12'	144	1
11	12' x 12'	144	1
12	12' x 12'	144	1
13	12' x 12'	144	1
14	15' x 13'	195	1

15	21' x 8'	168	1
16	21' x 8'	168	1
17	21' x 8'	168	1
18	15' x 13'	195	1
19	12' x 12'	144	1
20	12' x 12'	144	1

**Total capacity: 20**

The indoor living and dining areas measure a total of 1250 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 20 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 20 male and/or female residents who are 60 years of age or older and who have Alzheimer's disease or related conditions. The program will include social interaction skills, personal hygiene, personal adjustment and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If needed by residents, behavior interventions will be developed as identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

The licensee will assure the availability of transportation services based on the resident's individual needs. Transportation will be arranged but will be provided at an additional cost to the resident. In addition to the above program elements, it is the intent of the applicant to utilize local community resources or recreational activities including public schools and libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

**C. Applicant and Administrator Qualifications**

Premier Operating Clarkston MC, LLC is the applicant. It is a Domestic Limited Liability Company that was established in Michigan on April 18, 2016. 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 Premier Operating Clarkston MC, LLC has submitted documentation appointing Lura Butler-Engel as the licensee designee and Heidi Settle as the administrator.

Criminal history background checks of the licensee designee, Lura Butler-Engel and the administrator, Heidi Settle were completed and they were determined to be of good moral character to provide licensed adult foster care. Mrs. Butler-Engel and Ms. Settle both submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mrs. Butler-Engel and Ms. Settle have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Butler-Engel obtained her Practical Nursing Degree in 2004 and is currently licensed through the state of Ohio as a Licensed Practical Nurse (LPN). Mrs. Butler-Engel has worked for Premier Senior Living for almost three years in the following capacities: Divisional Vice President (current), Corporate Quality Assurance Director/Corporate Nurse (2014-2016). Prior to that she worked as the Executive Director at the Westbrook Assisted Living and Memory Care facility in Upper Sandusky, Ohio. Ms. Settle has two years of pre-nursing credits from Mott Community College and is a Certified Dementia Practitioner (CDP). She worked at the Pines of Lapeer from 2006-2011 as a medical technician and has worked at the Pines of Clarkston since 2011.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 1½ - 2 staff for 15 residents during the first shift (7:00 am-3:00 pm), 1½ - 2 staff for 15 residents during the second shift (3:00 pm – 11:00 pm) and 1 – 1½ staff for 15 residents during the third shift (11:00 pm – 7:00 am). The applicant acknowledged that the staff to resident ratio may need to be increased 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. 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 acknowledged 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 the licensee or 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, 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 temporary license to this adult foster care large group home (capacity 13-20)



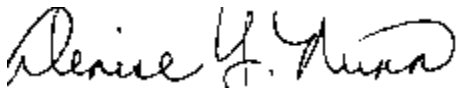
03/21/2017

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Cindy Adams  
Licensing Consultant

Date

Approved By:



03/22/2017

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Denise Y. Nunn  
Area Manager

Date