



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 11, 2017

Jena Rogers  
Bridge Senior Care, Inc.  
Suite 200  
2220 River Road  
Marysville, MI 48040

RE: Application #: AS740381644  
**Bridge Senior Care Assisted Living**  
**1027 River Road**  
**St. Clair Township, MI 48079**

Dear Ms. Rogers:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 835-6827

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS740381644
<b>Licensee Name:</b>	Bridge Senior Care, Inc.
<b>Licensee Address:</b>	Suite 200 2220 River Road Marysville, MI 48040
<b>Licensee Telephone #:</b>	(810) 531-3266
<b>Administrator/Licensee Designee:</b>	Jena Rogers
<b>Name of Facility:</b>	Bridge Senior Care Assisted Living
<b>Facility Address:</b>	1027 River Road St. Clair Township, MI 48079
<b>Facility Telephone #:</b>	(810) 531-3266
<b>Application Date:</b>	03/02/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

03/02/2016	On-Line Enrollment
03/03/2016	Contact - Document Sent Rules & Act booklets
03/03/2016	Application Incomplete Letter Sent Received clearance, FP's and fingerprint request for Jena (LD & administrator)
03/03/2016	Comment FP's for Jena R
03/08/2016	Contact - Document Received Received clearance for Jena R
03/15/2016	Contact - Document Received Licensing file received from Central office
03/31/2016	Application Incomplete Letter Sent
04/28/2016	Inspection Completed On-site Initial on-site inspection.
08/12/2016	Contact - Document Received Received documentation from licensee--St. Clair Area Fire Authority and Tri-Hospital EMS regarding egress for emergency purposes.
10/11/2016	Inspection Completed On-site
10/11/2016	Inspection Completed-BCAL Sub. Compliance
08/25/2017	Inspection Completed On-site Completed a follow up onsite inspection after final renovations/ construction was completed.
08/25/2017	Contact - Face to Face Informed Ms. Rogers during the onsite inspection that the licensing paperwork for the original license has still not been received.
09/01/2017	Contact - Document Received Received licensing documents from Ms. Rogers via mail.
09/06/2017	Contact - Document Received Received Ms. Rogers's Medical Clearance form.

10/09/2017	Contact - Document Received Received Ms. Rogers's required AFC training certificates.
10/10/2017	Application Complete
10/10/2017	Inspection Completed-BCAL Full Compliance

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

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

Bridge Senior Care Assisted Living is located in St. Clair Township, Michigan, within St. Clair County. The structure is a two-story, four bedroom home that has been renovated in 2017. The property is fully landscaped with a large deck at the rear of the home overlooking St. Clair River. The home is not wheelchair accessible.

The first floor of the home features a living room, kitchen, two bedrooms, and one full bathroom. There are stairs leading to the lower level of the home where there are two bedrooms, a library, laundry room, and a sun room. The home is serviced by public water and sewage systems. Also the home is heated by a gas, forced-air heating system located within the lower level of the home in a utility room with a solid-core door equipped with a self-closing device as required by R400.14511. The home also features central air conditioning. Bridge Senior Care Assisted Living features an interconnected smoke detection and carbon monoxide detectors that are installed throughout the home. Fire extinguishers have been installed and mounted as required. The facility's heating and electrical systems have been inspected by qualified inspectors and certified as being in good operating condition and compliant with local codes and ordinances. There is a Stannah chairlift that may be used for the residents and guests to traverse the stairs if he/she should choose to do so, but the caregiver on staff must operate the lift. When the chairlift is not in use, it must be stored at the bottom of the staircase in the folded and off-position with the key removed and stored in a different location. Non-ambulatory residents are not permitted to sleep in the lower level bedrooms. Medical, educational, and social resources are located nearby in the surrounding communities.

I measured all the community living space and bedrooms within the home to determine occupancy limits. The measurements, square footage, and capacity limits are as follow:

Foyer	9'7" x 13'3" plus 5'5"	178 square feet
Living room	19'5" x 16' 9"	325 square feet
Dinning room	10' x 10'10"	108 square feet
Library/sitting room	11'9" x 7"	82 square feet
Sitting sun room	24'3" x 9'2"	222 square feet

Total square footage of community space: 915 square feet

Bedrooms	Measurements	Square feet	Capacity
Bedroom #1 (upper level)	14'11" x 11'3" plus 4'9" x 3'4"	184 sq. ft.	2
Bedroom #2 (upper level)	11'7" x 7'6" plus 1'3" x 2'6"	90 sq. ft.	1
Bedroom #3 (lower level)	12'9" x 12'7" plus 4'2" x 9'6"	200 sq. ft.	2
Bedroom #4 (lower level)	12'2" x 6'10"	83 sq. ft.	1

Total capacity: 6

The square footage of community space is adequate for the facility to accommodate up to six (6) AFC residents per the rule requirement R400.14405 (1). Also each bedroom meets the rule requirement R400.14409 (2)(3). The capacity cannot exceed 6 residents.

## B. Program Description

Bridge Senior Care Assisted Living intend to serve both male and female adults age 55 and older who require foster care due to being aged in the least restrictive environment possible. Bridge Senior Care Assisted Living will provide direction and opportunity for the growth and development of a resident as achieved through activities that foster independent and age appropriate functioning. In addition, Bridge Senior Care Assisted Living will provide an opportunity to have contact with relatives and friends, the opportunity for recreation activities, and the opportunity for privacy and leisure time. Bridge Senior Care will strive to provide quality and dependable care that ensures comfort, autonomy, freedom, and respect for all the residents while creating a safe and supportive environment. Bridge Senior Care will ensure a competent and caring staff present at the home 24 hours a day, 7 days a week.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility

were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

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

The applicant is Bridge Senior Care, Inc., which is a “Domestic Profit Corporation” and was established in Michigan on 1/15/2016. 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 Bridge Senior Care, Inc. has submitted documentation appointing Jena Rogers as Licensee Designee and Administrator for this facility. Ms. Rogers has worked as a direct caregiver for individuals that require personal care and supervision at their personal residences since 2011.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Rogers. Ms. Rogers submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Rogers has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

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.

Jena Rogers, 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, Ms. Rogers acknowledges her 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. Ms. Rogers 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 as required with Rules 400.14204 and 400.14208.

Ms. Rogers 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Ms. Rogers 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, Ms. Rogers 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 required with Rules 400.14312.

Ms. Rogers 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 consistent with Rules 400.14304.

Ms. Rogers 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. Ms. Rogers has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per Rules 400.14311.

Ms. Rogers acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Ms. Rogers acknowledges her 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, Ms. Rogers acknowledges Ms. Rogers 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 consistent with Rule 400.14316(1)(a) through (2).

Ms. Rogers also acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302. Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



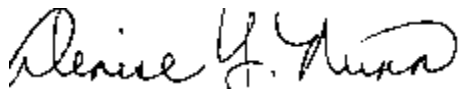
10/11/2017

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Linda Pavlovski  
Licensing Consultant

Date

Approved By:



10/11/2017

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Denise Y. Nunn  
Area Manager

Date