



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 6, 2018

Lisa Lowell
10465 Denton Creek Dr
Fenton, MI 48430

RE: Application #: AL250387323 Maple Place
1132 East Maple Avenue
Flint, MI 48507

Dear Lisa Lowell:

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 16 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|--|
| Application #: | AL250387323 |
| Licensee Name: | Lisa Lowell |
| Licensee Address: | 10465 Denton Creek Dr. Fenton, MI 48430 |
| Licensee Telephone #: | (810) 569-3673 |
| Administrator: | Lisa Lowell |
| Name of Facility: | Maple Place |
| Facility Address: | 1132 East Maple Avenue Flint, MI 48507 |
| Facility Telephone #: | (810) 569-3673 |
| Application Date: | 03/09/2017 |
| Capacity: | 16 |
| Program Type: | ALZHEIMERS AGED PHYSICALLY HANDICAPPED |

II. METHODOLOGY

| | |
|------------|---|
| 03/09/2017 | On-Line Enrollment |
| 03/21/2017 | Contact - Document Sent Rule & Act booklets |
| 03/21/2017 | Application Incomplete Letter Sent Rec cl's for Lisa (LD & Admin) |
| 03/23/2017 | Inspection Report Requested - Health Inv. #1026761 |
| 03/23/2017 | Contact - Document Sent Fire Safety String |
| 04/19/2017 | Inspection Completed-Env. Health : A |
| 05/08/2017 | Inspection Completed-Fire Safety : A |
| 05/11/2017 | Contact - Document Received 1326 for Lisa (Admin, LD) |
| 05/11/2017 | Application Complete/On-site Needed |
| 05/11/2017 | File Transferred To Field Office Flint |
| 05/31/2017 | Application Incomplete Letter Sent |
| 06/13/2017 | Contact - Document Received Received applicant's medical clearance form. |
| 08/23/2017 | Contact - Document Received Received some required paperwork from applicant. |
| 01/18/2018 | Contact - Document Received Received required paperwork from applicant. |
| 01/29/2018 | Inspection Completed On-site |
| 01/29/2018 | Inspection Completed-BCAL Full Compliance |
| 02/06/2018 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Maple Place is located in a semi-rural area of Grand Blanc Township, MI. There is a two-car detached garage, which has room for storage. The facility has a large cement parking lot for ample parking space for staff and visitors. The facility is owned by Lowell Place LLC., which is allowing one of their members and/or the applicant, Lisa Lowell, to use the property for a licensed adult foster care home.

The facility consists of a living room, dining room, three full bathrooms, five half bathrooms, an office, laundry room and thirteen resident bedrooms. The facility has a small second story that is only used for storage and that the residents do not have access too. The facility has a total of six exits. Four of those exits are at grade level and one exit has an attached wheelchair ramp, which makes this facility wheelchair accessible. All six exits have attached door alarms to alert staff when someone exits the facility.

The facility has two furnaces and one hot water heater that are located in the basement of the facility and are separated from residents by a fully stopped, solid core wood door that is equipped with an automatic self-closing device and positive-latching hardware. One furnace is gas forced air and the other is a hot water boiler system. There a second hot water heater, that is electric and that is located in the laundry room on the main level of the facility. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas. On 5/8/17, full fire safety approval was given to this facility by the Bureau of Fire Services

The resident bedrooms and all living areas measured as follows:

| Bedroom | Room Dimensions | Square Footage | Capacity |
|--------------|-----------------|----------------|----------|
| Bedroom # 1 | 16' x 11' | 176 | 2 |
| Bedroom # 2 | 10' x 11' | 110 | 1 |
| Bedroom # 3 | 10' x 15.5' | 155 | 1 |
| Bedroom # 4 | 10' x 15.5' | 155 | 1 |
| Bedroom # 5 | 10' x 15.5' | 155 | 1 |
| Bedroom # 6 | 10' x 15.5' | 155 | 1 |
| Bedroom # 7 | 10' x 11' | 110 | 1 |
| Bedroom # 8 | 10' x 15' | 150 | 1 |
| Bedroom # 9 | 10' x 15' | 150 | 1 |
| Bedroom # 10 | 10' x 13' | 130 | 1 |
| Bedroom # 11 | 12' x 14' | 168 | 2 |
| Bedroom # 12 | 10' x 15' | 150 | 1 |
| Bedroom # 13 | 10' x 14' 9" | 148 | 2 |

Bedroom numbering starts in the northeast corner of facility, moving clockwise

TOTAL CAPACITY: 16 RESIDENTS

The living space in the home is as follows:

| Room | Dimensions | Square footage |
|--|-------------------|-----------------------|
| Living Room | 20' x 12' | 230 |
| Dining Room | 26' x 16' | 416 |
| Total living space available is 646 square feet | | |

The facility has a private water supply and a public sewage disposal system. On 4/19/17, this facility received an “A” approval rating from Genesee County Health Department.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to sixteen aged male and/or female residents between the ages of 60-100, who may or may not be aged, physically handicapped and/or suffering from Alzheimer’s/dementia. The program plan is to provide the highest quality services, while maintaining a safe and secure home like setting where residents can feel appreciated, important, and respected. Each resident will be assessed and their own distinct care plan will be created and put in place. Facility staff will evaluate and meet each resident’s physical, emotional, mental and social needs. Maple place will have staff that is attentive and well trained in all aspects of resident care. This care includes but is not limited to; meal preparation, medication management, symptom management, personal care, and fun, engaging activities.

C. Applicant/Licensee Designee and Administrator Qualifications

Lisa Lowell is the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Lowell and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this large group home licensed for (16) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 2 direct care staff on-site for six (16) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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)), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant 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 applicant acknowledges their responsibility to establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant 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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

The applicant 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 applicant 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 an accident involving resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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.

Lisa Lowell has been a licensed Registered Nurse since July 2009 and has three years of experience as a licensee/administrator for a licensed AFC facility. Ms. Lowell reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC large group home (capacity 1-16).

Christopher A. Holvey

2/6/18

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

2/6/18

Mary E Holton
Area Manager

Date