



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 26, 2018

Aaron Cole
Island Estates Senior Care LLC
490 Island Drive
Grass Lake, MI 49240

RE: Application #: AS380387560
Island Estates Senior Care LLC
490 Island Drive
Grass Lake, MI 49240

Dear Mr. Cole:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS380387560
Licensee Name:	Island Estates Senior Care LLC
Licensee Address:	490 Island Drive Grass Lake, MI 49240
Licensee Telephone #:	
Administrator/Licensee Designee:	Aaron Cole
Name of Facility:	Island Estates Senior Care LLC
Facility Address:	490 Island Drive Grass Lake, MI 49240
Facility Telephone #:	(517) 795-5193 03/23/2017
Application Date:	
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

03/23/2017	On-Line Enrollment
03/23/2017	Contact - Document Sent Rule & Act booklets
03/23/2017	Application Incomplete Letter Sent Corrected app; rec cl, FP's Livescan request for Aaron (LD & Admin); rec cl for Shelly
05/18/2017	Contact - Document Received Corrected app; rec cl for Aaron (LD & Admin)
06/08/2017	Contact - Document Received Rec cl for Shelly (owner) & Livescan request for Aaron (LD & Admin)
07/31/2017	Application Incomplete Letter Sent
11/21/2017	Inspection Completed-BCAL Sub. Compliance
11/21/2017	Application Complete/On-site Needed
12/20/2017	Inspection Completed On-site
01/08/2018	Inspection Report Requested - Health Inv. #1027841
01/17/2018	Inspection Completed-Environmental Health : A
01/26/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential neighborhood, in the Township of Grass Lake, County of Jackson. This two-story home was built in 1970; it has a basement and a two car attached garage. The home has a gravel driveway. This home is wheelchair accessible. The front door (east entrance) will be the primary entrance for the residents. This entrance is equipped with a wheelchair ramp. The second identified exit and means of egress is located off the back of the facility (south side). There are additional exits leading directly outside from the home.

The main entrance opens to a foyer, which leads to the living room on the left, along with stairs leading to the second floor, and to the right leads to the dining room and kitchen. There is a hallway leading to the laundry area on the left, a full bathroom on the right, then the second required means of egress. This exit is equipped with a wheelchair ramp. The hallway then leads to Bedrooms #1 and Bedroom #2, a sitting area, then the activities room. The activities room is also equipped with a stove and a sink; in addition, there is a staff desk and work area. There is a hallway accessed through the activities room, which leads to Bedroom #3 and Bedroom #4. There is also a door in the hallway, which leads to the outside (this exit is not a required means of egress). Bedrooms #2, #3 and #4 are equipped with full bathrooms and are only to be utilized by the residents occupying those rooms.

From the main entrance and living room, there are stairs that lead to the second floor; there is a tea room, full bathroom, and Bedroom #5. There is a guest room, non-resident area, which can be accessed through Bedroom #5 or through an independent entrance on the other side of the home. That applicants acknowledged and understands that traffic to the guest room cannot be through Bedroom #5. The applicant's acknowledged and understands that a resident who has impaired mobility shall not sleep in or be assigned a bedroom that is located above the street floor of the home. There is a second floor balcony, which can be accessed through the tea room. The applicant has indicated, in writing, that the balcony will not be utilized and the door leading to the balcony has been secured (bolted shut).

There is also an exit from the kitchen, which leads to the attached garage and a door, which leads to the basement. The door leading to the basement is a solid wood door, and is equipped with an automatic self-closing device and positive latching hardware.

The basement contains two electric hot water heaters and the electrical panel. This facility is air conditioned through a central air conditioning unit. The facility is equipped with an electric dryer. The electrical systems have been inspected, are in good working condition, and approved by an electrical inspector. Copies of the approved inspection reports are contained within the licensing file.

The facility utilizes a private water supply and sewage disposal system. The facility has been inspected by the Jackson County Health Department and given full approval.

The facility is equipped with an interconnected, hardwired smoke detection system; it was inspected by the local fire department, and it is in good operating condition. Smoke detectors are located on all levels of the facility and in required areas.

The facility is equipped with a large fireplace which is located in the living room. The fireplace is encased in an one hour fire assembly, has been inspected and approved. A copy of the approved inspection report is contained within the licensing file.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	15'8" x 13'8"	214	1
2	19'5" x 12'10"	249	2
3	15 x 9'9"	146	1
4	15'8" x 9'5"	148	1
5	14'6" x 9'5"	137	1

The indoor living and living areas measure a total of 1,216 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 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 6 (male/female) residents who are aged (50 years of age or older) or have Alzheimer's. According to the program statement, Island Estates "wish to cultivate a wholesome, positive, and family environment for all residents. Their quality of life, independence, and security is our primary goal." The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Island Estates intends to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment and long term care insurance. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is Island Estates Senior Care, L.L.C., and is a "For Profit Domestic Limited Liability Company" which was formed on March 23, 2017. A review of this

L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Aaron Cole is the Resident Agent. 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 have stated in writing, the appointment of Aaron Cole, as the licensee designee and the administrator for the facility.

Aaron Cole and Shelly Cole, husband and wife, are the proposed applicants and operators of this facility.

Criminal background checks of Aaron Cole and Shelly Cole were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. Cole has submitted a statement from his physician documenting his good health and current negative tuberculosis test results.

Mr. Cole has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Cole has provided copies of the successful completion for the trainings. He has also been trained in First Aid and CPR and provided certification of completion.

In 2007, Mr. Cole graduated from Eastern Michigan University with a Bachelor's of Science in Speech Language Pathology and a Minor in Psychology. He received his Master's Degree in Speech Language Pathology in 2010. A summary of his work experience includes, but not limited to the following: He has worked in several health care centers and hospitals, gathering knowledge and experience. He has managed caseloads in skilled nursing facilities; he specializes in dysphagia, aphasia and cognitive skills development. He has worked as a SLP-Dysphagia Specialist for Physical and Nutritional Consultative Services, team working with individuals who had cognitive and physical impairments. He's an independent contractor, and has worked in home health, outpatient, inpatient, and skilled nursing settings. He is currently employed as a Home Health Speech-Language Pathologist. Mr. Cole also has management experience and his experience includes completing coursework and training to survey compliance with Medicare standards, complete nationwide surveys, assessing compliance, safety, infection control, documentation, and policies and procedures. He has experience as the Director of Outpatient Services in a medical care facility. In this role, his duties included creating, modifying and implementing new policies and procedures, he also provided staff education and training on clinical skills, patient rapport, professionalism, patient safety, infection control, and customer services. Mr. Cole has 8 years' experience providing in-home services and inpatient services, to individuals whom had significant medical and Alzheimer's service needs.

Mrs. Shelly Cole received her Bachelors of Science in Nursing from The University of Michigan in May of 2010. She has experience working with the populations that will be served in this home. Mrs. Cole has been employed as a respite worker and her duties included providing care in activities of daily living, in both the home and hospital settings. In addition, she has worked as a Registered Nurse, providing specialized care

to premature infants and newborns in the home setting. She has provided support to low income pregnant women prenatally, during labor and birth, and in early postpartum days. She has a history of volunteering, helping others, and as a nursing student, she received an award for being a student that demonstrated leadership and scholarly excellence in Psychiatric and Mental Health Nursing. Mrs. Cole has also been trained in First Aid and CPR and provided certification of completion. Mrs. Cole has submitted a copy of her current negative tuberculosis test results.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. 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 acknowledge 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) 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 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 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 valuable 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 residents' 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.

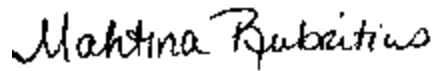
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 AFC adult small group home (capacity 1-6).



01/26/2018

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



01/26/2018

Ardra Hunter
Area Manager

Date