



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 6, 2018

Lena Faling
3318 Vrooman Rd
Jackson, MI 49201

RE: Application #: AS380389161
Senior Moments Assisted Living
3200 Horton Rd
Jackson, MI 49203

Dear Lena Faling:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS380389161
Licensee Name:	Lena Faling
Licensee Address:	3318 Vrooman Rd Jackson, MI 49201
Licensee Telephone #:	(517) 917-3988
Administrator/Licensee Designee:	N/A
Name of Facility:	Senior Moments Assisted Living
Facility Address:	3200 Horton Rd Jackson, MI 49203
Facility Telephone #:	(517) 917-3988 07/02/2017
Application Date:	
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

07/02/2017	On-Line Enrollment
07/03/2017	Contact - Document Sent Rule & Act booklets
07/03/2017	Application Incomplete Letter Sent App; rec cl, FP's, & Livescan request for Lena (App & Admin)
07/17/2017	Comment FP's for Lena
08/03/2017	Contact - Document Received App - Signed & dated; rec cl & Livescan request for Lena (LD & Admin)
08/30/2017	Application Incomplete Letter Sent
10/03/2017	Contact - Document Sent Lena Faling, requesting documents listed in Incomplete Application Letter dated 08/30/2017 be sent to Ypsilanti Office at my attention. Deadline given as unlicensed compliant completed 08/2017 - residents at facility
10/03/2017	Application Complete/On-site Needed
10/26/2017	Inspection Completed-BCAL Sub. Compliance
11/01/2017	Application Incomplete Letter Sent
11/13/2017	Contact - Telephone call made Lena Faling. Unavailable - left message requesting contact to obtain info regarding remodeling of main facility bathroom and schedule appt for 2nd on-site inspection. Return phone call requested.
11/29/2017	On-site Inspection. Full Compliance. Additional Information needed.
04/04/2018	Contact – Documents received. All requested information received.
04/04/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Senior Moments Assisted Living adult foster care home is located in a residential area in Jackson, MI. The home is a single story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, den/sunroom, kitchen, 2 full bathroom and three bedrooms.

The furnace and hot water heater are located in the basement with a steel flush fireproof security door with a 90 minute equipped with an automatic self-closing device and positive latching hardware located at top. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.10 X 11.10 + 2.11 X 2.7	184 sq. ft.	2
2	19.1 X 18.1	346 sq. ft.	2
3	18.5 X 14.4	266 sq. ft.	2

Bedroom #2 is not approved as wheelchair accessible bedroom, as there are stairs that obstruct passage in hallway to the resident bedroom from the kitchen. The living, dining, and sitting room areas measure a total of 585 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The facility can accommodate residents who regularly require wheelchairs. Ramps are located at 2 approved means of egress from the first floor and meet the measurement requirements listed in the licensing rules for adult foster care small group homes.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory elderly adults whose diagnosis is Alzheimer Disease, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal

behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency if applicable.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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.

The applicant 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), IdentoGo and the related documents required to be maintained in each employees 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 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 volunteer and the retention schedule for all of the documents contained within each employee's file.

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 and accident involving a 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 their 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, 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 their 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



Vanita C. Bouldin
Licensing Consultant

Date: 04/04/2018

Approved By:



Ardra Hunter
Area Manager

Date: 04/06/2018