



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 1, 2018

Cassidy, Colleen  
Anderson, Caroline  
22467 Paddington Ct  
Novi, MI 48374

RE: Application #: AS630390815  
**Essence Memory Care LLC**  
**20800 Chigwidden St**  
**Northville, MI 48167**

Dear Colleen Cassidy and Caroline Anderson:

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 "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS630390815
<b>Licensee Name:</b>	Cassidy, Colleen and Anderson, Caroline
<b>Licensee Address:</b>	22467 Paddington Ct Novi, MI 48374
<b>Licensee Telephone #:</b>	(248) 506-1634
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Essence Memory Care LLC
<b>Facility Address:</b>	20800 Chigwidden St Northville, MI 48167
<b>Facility Telephone #:</b>	(248) 308-9607
<b>Application Date:</b>	10/09/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

10/09/2017	On-Line Enrollment
10/10/2017	Contact - Document Sent Rules and Acts books
10/13/2017	Comment Assign to K. Lewis when ready to transfer to the field.
10/16/2017	Contact - Document Received Application
11/02/2017	Contact - Document Received 1326, RI-030, FP for Caroline and Colleen
11/02/2017	File Transferred To Field Office Pontiac
11/03/2017	Contact - Document Received Licensing file received from Central office
11/15/2017	Application Incomplete Letter Sent
11/21/2017	Contact - Document Received Documents received from Carolyn Anderson
11/21/2017	Application Complete/On-site Needed
11/21/2017	Contact - Document Sent Email sent to Carolyn Anderson
11/22/2017	Contact - Document Received Colleen Cassidy
12/05/2017	Contact - Document Sent Carolyn Anderson and Colleen Cassidy
12/07/2017	Contact - Document Received Carolyn Anderson
01/05/2018	Inspection Completed On-site
01/17/2018	Contact - Document Received Carolyn Anderson
01/17/2018	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Essence Memory Care LLC adult foster care home is located in a residential area in Northville, Michigan. Essence Memory Care adult foster care home, constructed in 1956, is a single story structure, with a large backyard. The home is owned by co-applicant, Colleen Cassidy. The home has a proposed occupancy of six adult foster care residents, the maximum occupancy permitted in an adult foster care group home.

The community is serviced by public water and sewage system. Medical, social, educational, religious and shopping resources are located nearby within the surrounding community. To service residents with mobility impairments, the home is wheelchair accessible as the front egress door leads directly to firm-surfaced, unobstructed concrete which allows the occupants to move a safe distance away from the building as required by Rule 400.1509(2). The facility features a gas forced air heating and central air conditioning. Laundry facilities are located on the first floor of the home and includes a gas-dryer with a solid galvanized metal duct.

The first floor of the home consists of a family room, dining room/living room, laundry room, kitchen, three bathrooms and four bedrooms.

The furnace and hot water heater are located in on the main floor with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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	10" x 11"	110 square feet	Capacity 1
2	10" x 16"	160 square feet	Capacity 2
3	10" x 9"	90 square feet	Capacity 1
4	16'2" x 12"	194 square feet	Capacity 2

**Total capacity: 6**

Resident Living Space	Room Dimensions	Total Square Footage
Living Room	12" x 12"	144 square feet
Dining Room	10" x 12'3"	122.5 square feet
Family Room	22" x 12'5"	273 square feet

The living, dining, and sitting room areas measure a total of 539.5 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 and/or non-ambulatory adults whose diagnosis is Aged, Dementia, or Alzheimer's, 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.

The applicants 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 is Essence Memory Care, LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/11/17. 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 Essence Memory Care LLC., has submitted documentation appointing Colleen Cassidy and Carolyn Anderson as Licensee Designees and Administrators for this facility.

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

Collen Cassidy and Carolyn Anderson have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. This included their detailed resumes and transcripts and copies of their licenses registered with the State of Michigan as Registered Nurses and Nursing Home Administrators.

Colleen Cassidy has been employed as a Nursing Home Administrator for Four Chaplains Nursing Care Center since 2001. Carolyn Anderson is the licensee designee for two licensed adult foster care homes, Thrive Assisted Living (AS630366969) since December, 2016 and Thrive Assisted Living II (AS630385857) since November, 2017. Ms. Cassidy's and Ms. Anderson's education and work experience qualify them to operate an adult foster care home.

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

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 one to six resident ratio.

The applicants, Collen Cassidy and Carolyn Anderson 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)), Identogo and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants have 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants 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.

Collen Cassidy and Carolyn Anderson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and

providing them with a copy of those rights. The applicants, Collen Cassidy and Carolyn Anderson indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants have 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants acknowledge 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged 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**

Collen Cassidy and Carolyn Anderson were 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 AFC adult small group home (capacity 1-6).



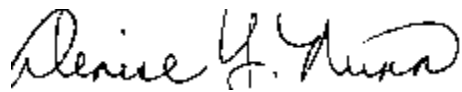
01/17/18

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Kenyatta Lewis  
Licensing Consultant

Date

Approved By:



01/23/2018

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Denise Y. Nunn  
Area Manager

Date