



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 2, 2018

Claudia Palchak
20308 HCL Jackson LLC
2394 21st St
Wyandotte, MI 48192

RE: Application #: AS820391649
Ruth's Retreat
20308 HCL Jackson
Grosse Ile, MI 48138

Dear Ms. Palchak:

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 "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS820391649
Applicant Name:	20308 HCL Jackson LLC
Applicant Address:	2394 21st St Wyandotte, MI 48192
Applicant Telephone #:	(734) 925-0868
Administrator/Licensee Designee:	Claudia Palchak
Name of Facility:	Ruth's Retreat
Facility Address:	20308 HCL Jackson Grosse Ile, MI 48138
Facility Telephone #:	(734) 672-7085
Application Date:	12/04/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

12/04/2017	Enrollment
12/07/2017	Contact - Document Sent Rules and Acts books
12/07/2017	File Transferred To Field Office Detroit
12/15/2017	Application Incomplete Letter Sent
01/17/2018	Contact - Document Received Received Policies and procedures.
02/12/2018	Application Complete/On-site Needed
02/14/2018	Inspection Completed On-site
02/14/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ruth's Retreat is located in the downriver community of Grosse Ile. The home is a tan aluminum sided and brick ranch-style home with no basement. The home has a long driveway and no garage. The garage space was modified and converted to additional indoor living space. The home consists of 4 bedrooms 1 full bath and a newly remodeled half bath. Each resident bedroom is also equipped with individual climate controlled heating and cooling units that will be operated by staff and maintained between 68-72 degrees Fahrenheit.

The living, dining, and family room areas measure a total of 831 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not wheelchair accessible.

The furnace and hot water heater are located on the main floor of the home in separate rooms that are constructed of material that has a 1-hour-fire-resistance rating with a 1-

3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	11'3"x10'9"	121 sq. ft.	1
2	14'9"x11'2"	165 sq. ft.	1
3	14'10"x12'11"	192 sq. ft.	2
4	17'1"x12'7"	215 sq. ft.	2

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 adults whose diagnosis is Alzheimer's or Aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills.

The facility will make provision for a variety of leisure and recreational activities. 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 20308 HCL Jackson, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 09/19/2017. 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 20308 HCL Jackson, L.L.C. has submitted documentation appointing Claudia Palchak as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and

administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator 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 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.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The licensee designee 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 licensee designee 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/licensee designee 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 AFC small group home (capacity 1-6).



Pandrea Robinson
Licensing Consultant

02/21/18
Date

Approved By:



03/02/18

Ardra Hunter
Area Manager

Date