



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

March 28, 2019

Judith Boven
AH Spring Lake Subtenant LLC
6755 Telegraph Rd Ste 330
Bloomfield Hills, MI 48301

RE: Application #: AL700397743
AHSL Spring Lake Willowbrook
17379 Oak Crest Parkway
Spring Lake, MI 49456

Dear Mrs. Boven:

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 20 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL700397743

Licensee Name: AH Spring Lake Subtenant LLC

Licensee Address: One SeaGate, Suite 1500
Toledo, OH 43604

Licensee Telephone #: (248) 203-1800

Administrator/Licensee Designee: Judith Boven, Designee
Toni LaRose, Administrator

Name of Facility: AHSL Spring Lake Willowbrook

Facility Address: 17379 Oak Crest Parkway
Spring Lake, MI 49456

Facility Telephone #: (616) 844-2880

Application Date: 12/20/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

10/22/2018	Inspection Completed-Fire Safety : A see AL700365146
12/20/2018	On-Line Enrollment
12/21/2018	Contact - Document Received 1326 for Judith
01/18/2019	Application Complete/On-site Needed
02/21/2019	Inspection Completed On-site
02/21/2019	Inspection Completed-BCAL Full Compliance
02/21/2019	Inspection Completed-Env. Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story home located on a campus of similarly constructed 20 bed facilities just outside the city of Spring Lake. The facility consists of a combined living and dining room area, 20 resident bedrooms, a kitchen, activity room, sun room, 2 full spa-like bathrooms, ½ bathroom for visitors and staff, and aide 'station', a staff break room/office area, hair salon, laundry, and a mechanicals room. Six resident bedrooms have full bathrooms and the remaining 14 resident bedrooms have ½ baths. The facility is barrier free with 4 approved means of egress. The topography of the surrounding area indicates that a ramp is not needed the exits. The facility utilizes public water and sewer systems.

The gas boilers and hot water heaters are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the building.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-12	14'8"x21'	263 sq. ft.	1/room
13-16	16'x15'2"	185 sq. ft.	1/room
17-20	19'x22'6"	359 sq. ft.	1/room

The living, dining, and sitting room areas measure a total 1,142 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

The facility was previously licensed as the AHSL Spring Lake Willowbrook Manor, License #AL700365146.

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. Included with the program statement is information describing the particular care provided to residents with Alzheimer's. The applicant intends to provide 24-hour supervision, protection and personal care to **twenty** male or female adults whose diagnosis is aged, physically impaired, and/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 support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept private pay individuals as a referral source.

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 licensee will assure the availability of 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is AH Spring Lake Subtenant, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 10/22/2018. 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 members of AH Spring Lake Subtenant, L.L.C. have submitted documentation appointing Judith Boven as Licensee Designee for this facility and Toni LaRose as the 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 20-bed facility is adequate and includes a minimum of 3 staff -to- 20 residents during awake hours and 2 staff -to- 20 residents during the hours of sleep. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 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 acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 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 AFC adult large group home (capacity 20).



03/28/2019

Grant Sutton
Licensing Consultant

Date

Approved By:



03/28/2019

Jerry Hendrick
Area Manager

Date