



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2019

Holly Purdy
Nightingale Retreat LLC
8440 Lance Court
Brighton, MI 48116

RE: Application #: AM470397058
Blue Heron Pond
10638 N Rushton Rd Ste 3
South Lyon, MI 48178

Dear Ms. Purdy:

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 12 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 "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM470397058
Applicant Name:	Nightingale Retreat LLC
Applicant Address:	8440 Lance Court Brighton, MI 48116
Applicant Telephone #:	(734) 660-4679
Administrator/Licensee Designee:	Holly Purdy
Name of Facility:	Blue Heron Pond
Facility Address:	10638 N Rushton Rd Ste 3 South Lyon, MI 48178
Facility Telephone #:	(248) 573-7624 10/29/2018
Application Date:	
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

10/29/2018	Enrollment
10/31/2018	Contact - Document Sent Rule & Act booklets
10/31/2018	Application Incomplete Letter Sent IRS ltr; rec cl, FP's, & RI-030 for Holly (LD & Admin)
11/07/2018	Contact - Document Received IRS ltr; rec cl & AFC100 for Holly (LD & Admin)
11/30/2018	Inspection Report Requested - Health Inv. #1028894
11/30/2018	Contact - Document Sent Fire Safety String
12/03/2018	Application Incomplete Letter Sent
12/17/2018	Inspection Completed-Env. Health : A
01/23/2019	Plan Review Received 2019-000212, New, Install a 13D System
02/05/2019	Comment
02/05/2019	Contact - Telephone call received Spoke with Fire Inspector Don Christensen regarding intake of new residents without full fire approval.
02/05/2019	Contact - Telephone call made Spoke with Licensee Holly Purdy to verify that the facility has two residents.
02/21/2019	Inspection Completed-Fire Safety : A

02/22/2019	Inspection Completed-BCAL Full Compliance
03/13/2019	Comment App Incomplete letter sent regarding the Alzheimer's Dementia Program Statement.
03/13/2019	Application Incomplete Letter Sent Need Alz Dementia Program Statement.
03/13/2019	Comment Email to Holly P regarding Alz Dementia Statement.
03/18/2019	Comment Alzheimer's Dementia Program Statement received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly remodeled ranch style building with vinyl siding located in Green Oak Township, South Lyon, Michigan. This facility is currently licensed for six and the applicant has remodeled the facility and is increasing the facility capacity to twelve. There is ample parking in the front of the facility for residents, visitors and staff members. The front door opens to the common/dining living area which measures 400 square feet. Off the living room is an office and the medication room. The facility has twelve private bedrooms each of which can accommodate one resident. The facility also contains a family room, a four seasons room, a hair salon and a physical therapy room. The facility contains two full shared bathrooms that are equipped with showers that are wheelchair accessible. The home is wheelchair accessible and has two approved means of egress. The home utilizes a private well and private sewage disposal system.

The facility is equipped with a gas hot water heater and furnace which are located in the basement of the facility. Floor separation has been secured with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The laundry room is in the basement of the facility.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 02/21/2019.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'11"	99	1
2	9'11"	99	1
3	9'11"	99	1
4	9'11"	99	1
5	9'11"	99	1
6	9'11"	99	1
7	10'0"	100	1
8	10'0"	100	1
9	10'0"	100	1
10	11'6"	66	1
11	10'0"	100	1
12	10'0"	100	1

Based on the above information, this facility can accommodate 12 (12) 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 twelve male or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or a related condition. The overall goal of Blue Heron Pond is to maximize each resident's cognitive, affective, physical health and psychomotor skills in order to help obtain their highest possible level of functioning and independence.

The program will provide supportive services and health care assistance for residents in a family environment. Every resident will enjoy a quality of life that maximizes his or her individual capacity for choice, privacy and independence. This includes but is not limited to housing, meals, security, housekeeping, medication oversight, personal and some medical services. The applicant intends to respect and respond to each resident's unique physical, medical, spiritual, and emotional needs. All care will be provided in a gentle and caring manner, with the utmost respect for each person's privacy and dignity. In home services include assistance with ambulating, bathing, dressing, eating, personal hygiene, and medication administration. The applicant has submitted an acceptable Alzheimer's program statement to assure adequate care and supervision of residents diagnosed with Alzheimer's disease. According to the program statement it is the purpose of the facility to assess each resident diagnosed with a memory impairment

and other specialized medical care needs and provide stimulating one on one individualized activities as well as group activities to maintain sensory functioning as long as possible. A plan of care addressing all physical, mental, and spiritual needs will be developed. The plan will be specific to manage the level the resident is at in their disease process. The activities will be designed to stimulate the resident's senses with the goal to maintain their functional abilities as long as possible.

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.

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 for leisure and recreational activities for residents.

C. Applicant and administrator qualifications

The applicant is Nightingale Retreat, LLC a Domestic Limited Liability Company established in established in Michigan on 01/08/2016. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Holly Purdy has been appointed licensee designee and administrator of the facility by Nightingale Retreat, LLC.

A criminal history background check of Ms. Purdy was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Purdy provided a statement from a physician documenting her good health dated 11/01/2018 and current negative tuberculosis test results dated 11/01/2018.

Ms. Purdy has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Purdy has been the licensee designee and administrator for Blue Heron Pond (AS470385116) and licensee for Nightingale Retreat (AS470385115) and has provided care for residents who are physically handicapped, aged, or have Alzheimer's disease. Ms. Purdy is a Licensed Registered Nurse in the state of Michigan. Ms. Purdy has demonstrated an understanding of the administrative rules for medium adult foster care group homes. Ms. Purdy has experience providing direct, hands on care to residents as well.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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 acknowledged 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 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 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 acknowledged the responsibility to obtain the required 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 valuables and intends to comply. The applicant(s) 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 resident’s 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

On 02/22/2019, at the time of the inspection, the applicant was operating the facility with 11 residents.

RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home (capacity 12).



03/28/2019

Dawn Campbell
Licensing Consultant

Date

Approved By:



04/01/2019

Ardra Hunter
Area Manager

Date