



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 28, 2019

Colleen Heath  
Adored Living LLC  
2863 S Hadley Rd  
Ortonville, MI 48462

RE: Application #: AS630396401  
**Rochester Hills Manor**  
**185 S Boulevard E**  
**Rochester Hills, MI 48307**

Dear Ms. Heath:

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 "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 835-6827

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AS630396401                                    |
| <b>Licensee Name:</b>                   | Adored Living LLC                              |
| <b>Licensee Address:</b>                | 2863 S Hadley Rd<br>ORTONVILLE, MI 48462       |
| <b>Licensee Telephone #:</b>            | (248) 931-9009                                 |
| <b>Administrator/Licensee Designee:</b> | Colleen Heath                                  |
| <b>Name of Facility:</b>                | Rochester Hills Manor                          |
| <b>Facility Address:</b>                | 185 S Boulevard E<br>Rochester Hills, MI 48307 |
| <b>Facility Telephone #:</b>            | (248) 931-9009                                 |
| <b>Application Date:</b>                | 09/20/2018                                     |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | AGED<br>ALZHEIMERS                             |

## II. METHODOLOGY

|            |  |
|------------|--|
| 09/20/2018 | On-Line Enrollment   |
| 09/21/2018 | Contact - Document Sent<br>Rules and Acts books  |
| 09/27/2018 | Contact - Document Received<br>1326, RI-030, and FP for Colleen                                    |
| 09/27/2018 | Lic. Unit file referred for background check review<br>Given to Candace Collen FP did not download |
| 10/02/2018 | File Transferred to Field Office<br>Pontiac  |
| 10/05/2018 | Contact - Document Received<br>Licensing file received from Central office                         |
| 11/01/2018 | Application Incomplete Letter Sent   |
| 01/24/2019 | Contact - Document Sent<br>Licensing documents sent to Ms. Heath.                                  |
| 02/22/2019 | Contact - Document Received<br>Licensing documents received.                                       |
| 03/29/2019 | Inspection Completed On-site   |
| 03/29/2019 | Contact - Document Received<br>Licensing documents received.                                       |
| 06/20/2019 | Contact - Document Sent<br>E-mail sent to licensee Ms. Heath.                                      |
| 06/20/2019 | Application Complete/On-site Needed  |
| 06/20/2019 | Inspection Completed-BCAL Full Compliance  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single-family brick ranch-style home. The home is in a residential neighborhood in Rochester Hills, a suburb north of the city of Detroit. The home and community are serviced by public water and sewage systems. Medical, educational and social resources are located within proximity to the home in the surrounding community.

Rochester Hills Manor features an interconnected smoke detection. Fire extinguishers have been installed and mounted as required in the home. The home is heated by a gas, forced-air heating system located on the first floor of the home with a solid-core door equipped with a self-closing device as required by R400.14511. The home also features central air conditioning. The facility's heating, cooling, and electrical systems have been inspected by qualified inspectors and certified as being in good operating condition.

The sitting, living, and dining room areas are located off the front entrance. The residents' dining area is shared with the common area. The home features two full baths that are in the hallway by the bedrooms. A third half bathroom is in bedroom #5. I measured all the community living space and bedrooms within the home to determine occupancy limits.

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

| <b>Bedroom #</b> | <b>Room Dimensions</b> | <b>Total Square Footage</b> | <b>Total Resident Beds</b> |
|------------------|------------------------|-----------------------------|----------------------------|
| Bedroom #1       | 10'9" x 13'            | 140 sq. ft.                 | 1                          |
| Bedroom #2       | 13'2" x 8'11"          | 117 sq. ft.                 | 1                          |
| Bedroom #3       | 15'5" x 10'3"          | 158 sq. ft.                 | 1                          |
| Bedroom #4       | 11'7" x 10'5"          | 121 sq. ft.                 | 1                          |
| Bedroom #5       | 10'1" x 11'6"          | 116 sq. ft.                 | 1                          |
| Bedroom #6       | 11'6" x 10'3"          | 118 sq. ft.                 | 1                          |

**Total capacity: 6**

The sitting area, dining room, and living room areas measure a total of 756 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 per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Adored Living, LLC submitted an original application for licensure on September 2018. The intended population is male and female adults between 60 years of age or older who require foster care due to being aged and Alzheimer's in the least restrictive environment possible. The facility is currently wheelchair accessible.

Rochester Hills Manor is committed to provide the highest and best level of care to their residents and to treat them with respect and dignity while allowing appropriate levels of independence. Rochester Hills Manor will provide full assistance with personal care and daily activities, medication management, meals, daily housekeeping and laundry services, 24-hour monitoring for safety and responding to health needs and arranging/coordinating medical care. Rochester Hills Manor will also offer daily activities such as bingo, checkers, card games, exercises, and spending time outdoors weather permitting. Birthday celebrations and other social activities, as well as music will be provided to the residents.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

## **C. Applicant and Administrator Qualifications**

The applicant is Adored Living, LLC and was established in Michigan on October 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 Adored Living, LLC has submitted documentation appointing Colleen Heath as Licensee Designee for this facility. Ms. Heath has 11 years of experience working with the aged and Alzheimer's in the health care industry for hospice services. Ms. Heath has also been working as a direct caregiver and manager for a licensed AFC home for over a year. Ms. Heath has a Bachelor of Arts degree with a Major in Communications.

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

Ms. Heath provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 6-bed facility is adequate and includes 2 staff to 6 residents per day and afternoon shifts, and 1 staff on midnight shifts. All staff shall be awake during sleeping hours.

Colleen Heath, the licensee designee, acknowledges her 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, Ms. Heath acknowledges her 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 the documents contained within each employee's file. Ms. Heath 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 as required with R400.14204 and 400.14208.

Colleen Heath acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee record to demonstrate compliance.

Colleen Heath 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, Ms. Heath 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 required with R400.14312.

Colleen Heath acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Heath indicated that it is her intent to achieve and maintain compliance with these requirements consistent with R400.14304.

Colleen Heath 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. Ms. Heath has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per R400.14311.

Colleen Heath acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Colleen Heath acknowledges her responsibility to obtain all 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, Ms. Heath acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file consistent with Rule 400.14316(1)(a) through (2).

Colleen Heath acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (6 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

#### **IV. RECOMMENDATION**

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



06/23/2019

Linda Pavlovski  
Licensing Consultant

Date

Approved By:



06/28/2019

Denise Y. Nunn  
Area Manager

Date