



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 30, 2019

Chelsea Sack
531 S. Lincoln Avenue
Lakeview, MI 48850

RE: Application #: AF590402055
Lake House Assisted Living
531 S. Lincoln Avenue
Lakeview, MI 48850

Dear Mrs. Sack:

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 4 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 (517) 284-9730.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF590402055
Applicant Name:	Chelsea Sack
Applicant Address:	531 S. Lincoln Avenue Lakeview, MI 48850
Applicant Telephone #:	(616) 920-2050
Name of Facility:	Lake House Assisted Living
Facility Address:	531 S. Lincoln Avenue Lakeview, MI 48850
Facility Telephone #:	(616) 920-2050 10/07/2019
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

10/07/2019	Enrollment
10/15/2019	PSOR on Address Completed
10/15/2019	Contact - Document Sent Rule & Act booklets
10/15/2019	Application Incomplete Letter Sent 1326A, RI-030 & FPs for Chelsea
10/16/2019	Contact - Document Received- DL for Chelsea
10/18/2019	Contact - Document Received 1326 & RI-030 for Chelsea
10/22/2019	Contact - Document Sent Email exchange with applicant/Mrs. Sack.
10/22/2019	Application Incomplete Letter- sent to Mrs. Sack via email.
12/04/2019	Inspection Completed On-site
12/04/2019	Inspection Completed-BCAL Sub. Compliance No railing around the front porch. Physical Plant Inspection, Review of licensee and responsible person files.
12/06/2019	Application Incomplete Letter Sent
12/16/2019	Corrective Action Plan Received
12/18/2019	Corrective Action Plan Approved
12/18/2019	Application Complete/On-site Needed
12/18/2019	Inspection Completed-BCAL Full Compliance Photo received of porch railing completed.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lake House Assisted Living is a two-story Victorian home built in the late 1800's with a wraparound porch to enjoy views of the outdoors. The home is located in downtown Lakeview, in Montcalm County, one block from beautiful Tamarack Lake. The wraparound porch is also the main entrance into the home. There is an attic and unfinished basement in the home; however, neither of these areas will be accessible to

residents. The home is not wheelchair accessible due to none of exits/entrances being at grade or being equipped with a wheelchair ramp. Consequently, this AFC family home will not be able to provide care to residents who require the continued use of a wheelchair for mobility purposes. Residents living at this facility must be able to navigate stairs safely as the entrances/exits to the AFC family home all have stairs. Entrance into the facility from the front door leads into the main foyer of the home. Residents will have access to the first and second floors of the AFC family home. The main floor of the home has a living room, sitting room, dining room, kitchen, full resident bathroom, half resident bathroom, laundry facility, and one semi-private resident bedroom. The second floor of the facility has two private resident bedrooms, the applicant's bedroom and the applicant's child's bedroom. There is also one full bathroom located on the second floor which can be used by residents as well as the applicant and her family. The AFC family home utilizes a public water supply and public sewage disposal system.

The facility is heated with natural gas furnace which are located in the basement of the facility and in the attic. The furnaces were inspected on June 20, 2019 by a licensed inspector and are in good working condition. The hot water heater is also located in the basement. The basement door is a 1 ¾ inch solid wood core door that is equipped with an automatic self-closing device and positive latching hardware.

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 in all sleeping areas, on each occupied floor of the home, in the attic, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1 First Floor	12'1" X 15'2"	183.9 sq. ft.	2 Residents
Bedroom #2 Second Floor	12' X 15'2"	182.4sq.ft	1 Resident
Bedroom #3 Second Floor	12'1" X 12'2"	147.6 sq. ft.	1 Resident

The indoor living and dining areas measure a total of 408 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate four 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 4 male and/or female residents who are aged. The program will include social interaction with family, friends, and people of the community, continued support to assist residents in maintaining personal hygiene and activities of daily living, provide independent living skills, and opportunity for involvement in day programs. The home will not provide transportation but will assist the residents in securing transportation when a need arises. The applicant intends to accept referrals from private pay, Commission on Aging, Medicaid Waiver, and Veterans Affairs.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative and/or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including bowling, community groups, local activities, the public library, downtown stores and restaurants, coffee shops, churches, and Lakeview Hospital within the city of Lakeview. These resources provide an environment to enhance the quality of life.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and each was determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure. The supervision of residents in this family home licensed for four residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on-call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the

home may need to change in order to provide the appropriate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

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. In addition, the applicant 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 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 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 or as necessary.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents 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 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(s).

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written

notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of four residents.

Bridget Vermeesch

12/30/2019

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

12/30/2019

Dawn N. Timm
Area Manager

Date