



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 4, 2020

Paula Danville
1383 E. Pine River Rd.
Midland, MI 48640

RE: Application #: AL730398402
Pine Haven Assisted Living LLC, AFC
515 N Brennan
Hemlock, MI 48626

Dear Ms. Danville:

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 15 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730398402
Licensee Name:	Paula Danville
Licensee Address:	1383 E. Pine River Rd. Midland, MI 48640
Licensee Telephone #:	(989) 295-6632
Administrator/Licensee Designee:	Paula Danville
Name of Facility:	Pine Haven Assisted Living LLC, AFC
Facility Address:	515 N Brennan Hemlock, MI 48626
Facility Telephone #:	(989) 642-5761 02/21/2019
Application Date:	
Capacity:	15
Program Type:	AGED

II. METHODOLOGY

02/21/2019	On-Line Enrollment
02/21/2019	Contact - Document Sent acts book
04/16/2019	Contact - Document Received 1326.RI-030, FP & AFC 100
04/23/2019	Application Incomplete Letter Sent
06/11/2019	Contact - Document Received Licensing Documents Received.
06/13/2019	Contact - Document Received Licensing Documents Received.
07/16/2019	Contact - Document Received Licensing Documents Received.
09/24/2019	Contact - Document Received Licensing Documents Received.
10/01/2019	Contact - Document Received Licensing Documents Received.
10/11/2019	Contact - Document Received
10/18/2019	Contact - Document Received Licensing Documents Received.
10/22/2019	Contact - Telephone call made A phone call was made to the applicant.
11/06/2019	Inspection Completed-Env. Health: A
11/14/2019	Contact - Telephone call made A phone call was made to the applicant.
11/15/2019	Contact-Document Received A closing letter was received from the former owner, Ms. Judy Armstrong.
01/08/2020	Inspection Completed-Fire Safety: C
01/27/2020	Inspection Completed-Fire Safety: A
03/02/2020	Documents received from the applicant

03/02/2020 Inspection Completed-BCAL Full Compliance
 03/04/2020 Recommend license issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pine Haven AFC, LLC is an existing AFC Facility located in Hemlock, MI. It is located on a paved road, one mile west of the village of Hemlock, in Richland Township. The facility is a modern well-maintained single-story, ranch style home, surrounded by pine trees. The capacity of the home will enable fifteen (15) residents to utilize eleven (11) private, and two (2) semi-private bedrooms. The home also has an attach provider living quarters and garage.

Pine Haven Assisted Living features traditional wood frame construction with brick adornment. A natural gas furnace is located in a separate room and cannot be accessed from inside the home. The interior of the home consists of a living room, a dining room, a kitchen, screened porch-seating, utility room, beauty shop, thirteen (13) bedrooms and ten (10) bathrooms. There is additional storage space located in the garage and in an unattached storage building located on the property.

The facility has been previously zoned for approval on November 05, 2003, by the Richland Township Zoning Office.

The Bureau of Fire Services determined the facility to be in full compliance with the licensing rules pertaining to fire safety on 01/27/2020. The facility smoke detector system is hard-wired to the buildings electric system with a battery back-up. It has fire extinguishers and illuminated exit signs. The emergency evacuation routes are posted. The facility is not sprinkled.

The home utilizes a private sewer and water system. The Saginaw County Health Department determined the facility to be in full compliance with the licensing rules pertaining to environmental health on 11/06/2019.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10 x 11' 6"	115	1
#2	10 x 11' 6"	115	1
#3	10 x 11' 6"	115	1
#4	10 x 11' 6"	115	1

#5	12 x 15' 6"	186	1
#6	12 x 15' 6"	186	1
#7	12 x 15' 6"	186	1
#8	12 x 15' 6"	186	2
#9	11 x 11' 4"	124.6	2
#10	10'3" x 15' 6"	158.8	1
#11	10'3" x 15' 6"	158.8	1
#12	10'3" x 15' 6"	158.8	1
#13	10'3" x 15' 6"	158.8	1

The living room contains 230 square feet of space while the dining room contains 332 square feet of space, for a total of 562 square feet. This exceeds the minimum of 35 square feet per resident requirement.

The building has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. This facility is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate (15) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Pine Haven Assisted Living is designed to provide a semi-independent environment for the elderly, in a safe home-like atmosphere and to provide provisions and services needed to promote content living conditions.

The facility intends to foster care that is community accessible in an atmosphere that supports physical and mental well-being. The facility will also provide an atmosphere which encourages conversation and interaction and overall well-being to residents.

The applicant intends to provide 24-hour supervision, protection and personal care to fifteen (15) male or female handicapped or ambulatory adults who are aged 60 and over, in the least restrictive environment possible.

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 provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant, Ms. Paula Danville, 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test 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 15-bed facility is adequate and includes a minimum of 1-staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 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), L-1 Identity Solutions™ (formerly Identix ®), 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 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

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-25).

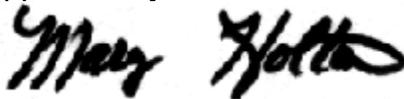


March 4, 2020

Sabrina McGowan
Licensing Consultant

Date

Approved By:



March 4, 2020

Mary E Holton
Area Manager

Date