



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 21, 2020

Caroline Anderson
Essence Memory Care II LLC
3910 Athens Ave
Waterford, MI 48329

RE: Application #: AS630405613
Essence Memory Care II
22208 Wingate Ct
Farmington Hills, MI 48335

Dear Mrs. Anderson:

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 "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS630405613 |
| Licensee Name: | Essence Memory Care II LLC |
| Licensee Address: | 3910 Athens Ave Waterford, MI 48329 |
| Licensee Telephone #: | (248) 308-9607 |
| Administrator/Licensee Designee: | Colleen Cassidy/ Caroline Anderson |
| Name of Facility: | Essence Memory Care II |
| Facility Address: | 22208 Wingate Ct. Farmington Hills, MI 48335 |
| Facility Telephone #: | (248) 308-9607 |
| Application Date: | 08/27/2020 |
| Capacity: | 6 |
| Program Type: | AGED ALZHEIMERS |

II. METHODOLOGY

| | |
|------------|---|
| 08/27/2020 | On-Line Enrollment |
| 09/02/2020 | On-Line Application Incomplete Letter Sent 1326 & RI030 for Caroline & Colleen |
| 09/02/2020 | Contact - Document Sent 1326 |
| 09/02/2020 | Comment Fingerprints not needed |
| 09/15/2020 | Contact - Document Received 13226 for Caroline & Colleen |
| 09/24/2020 | Contact - Document Received Licensing file received from Central office |
| 09/24/2020 | Contact - Document Received I received an email from the applicant containing the licensing documentation and a message that the home will not be ready for inspection until November. |
| 11/02/2020 | Contact - Document Received Email from the applicant, the home is ready for inspection |
| 11/02/2020 | Application Complete/On-site Needed |
| 12/09/2020 | Inspection Completed On-site |
| 12/09/2020 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Essence Memory Care II LLC adult foster care home is located in a residential area in Farmington Hills, Michigan. Essence Memory Care II adult foster care home, was constructed in 1977, is a 2,037 square foot single story structure, with a large backyard. The home is owned by Cassand Realty, which is owned by applicant Caroline Anderson. The home has a proposed occupancy of six adult foster care residents, the maximum occupancy permitted in an adult foster care small group home.

The community is serviced by public water and sewage system. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. To service residents with mobility impairments, the home is

wheelchair accessible as the front egress door leads directly to firm-surfaced, unobstructed built in ramp which allows the occupants to move a safe distance away from the building as required by Rule 400.1509(2). The facility features a gas forced air heating and central air conditioning. Laundry facilities are located in the basement of the home and includes a gas-dryer with a metal duct.

The first floor of the home consists of four bedrooms, two and one-half bathrooms, a kitchen, and a great room. There is a large patio and back yard area for the residents to enjoy during the warm temperatures.

The furnace and hot water heater are located in the basement of the home. There is a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery back- up, which was installed by a licensed electrician and is fully operational.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 13' 2" x 11" | 114.83 | 1 |
| 2 | 9' 5" x 10' 11" | 94.95 | 2 |
| 3 | 10' 11" x 15' | 163.75 | 1 |
| 4 | 10'4" x 11' 2" | 115.39 | 2 |

Total capacity: 6

| Resident Living Space | Room Dimensions | Total Square Footage |
|-----------------------|-----------------|----------------------|
| Great Room | 35' 5" x 20' 6" | 726.04 |
| Kitchen | 11' x 8'11" | 98.08 |

B. Program Description

Admission and discharge policies, program statement, Alzheimer's program statement that specifies structured strength-based programming in a nurturing environment, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female ambulatory and/or non-ambulatory adults whose diagnosis is Aged, Dementia, 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 behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 applicants will provide all transportation, (at negotiated rates) 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Essence Memory Care, LLC., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/11/17. 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 Essence Memory Care LLC., has submitted documentation appointing Colleen Cassidy and Carolyn Anderson as Licensee Designees and Administrators for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the applicants, Collen Cassidy, and Carolyn Anderson. The applicants submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

Collen Cassidy and Carolyn Anderson have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. This included their detailed resumes and transcripts and copies of their licenses registered with the State of Michigan as Registered Nurses and Nursing Home Administrators.

Colleen Cassidy has been employed as a Nursing Home Administrator at Four Chaplains Nursing Care Center since 2001. Carolyn Anderson is the licensee designee for two licensed adult foster care homes, Thrive Assisted Living (AS630366969) since December 2016 and Thrive Assisted Living II (AS630385857) since November 2017.

Colleen Cassidy and Carolyn Anderson are the licensee designees for licensed adult foster care home, Essence Memory Care (AS630390815) since February 2018.

Ms. Cassidy’s and Ms. Anderson’s education and work experience qualify them to operate an adult foster care home.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff shall be awake during sleeping hours.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 one to six resident ratio.

The applicants, Collen Cassidy and Carolyn Anderson 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), Identogo and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants have 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants 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.

Collen Cassidy and Carolyn Anderson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants, Collen Cassidy and Carolyn Anderson indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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 applicants have 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants, Collen Cassidy and Carolyn Anderson acknowledged 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

applicants acknowledge 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 applicants, Collen Cassidy and Carolyn Anderson acknowledged 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

Collen Cassidy and Carolyn Anderson were 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 small group home (capacity 1-6).

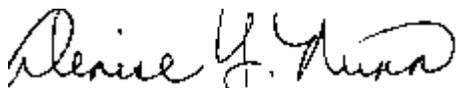


12/16/20

Kenyatta Lewis
Licensing Consultant

Date

Approved By:



12/21/2020

Denise Y. Nunn
Area Manager

Date