



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 8, 2021

Pamala Schmitt
Aspen Assisted Living LLC
32408 W Seven Mile Rd
Livonia, MI 48152

RE: Application #: AL820403228
Aspen Assisted Living
32406 Seven Mile Rd
Livonia, MI 48152

Dear Ms. Schmitt:

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 20 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 "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL820403228

Applicant Name: Aspen Assisted Living LLC

Applicant Address: 32408 W Seven Mile Rd
Livonia, MI 48152

Applicant Telephone #: (248) 987-4460

Administrator/Licensee Designee: Pamala Schmitt, Designee

Name of Facility: Aspen Assisted Living

Facility Address: 32406 Seven Mile Rd
Livonia, MI 48152

Facility Telephone #: (248) 987-4460
01/22/2020

Application Date:

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

| | |
|------------|---|
| 01/22/2020 | Fee Received Original MC#2576 Amt: \$320.00 |
| 01/22/2020 | Enrollment |
| 01/27/2020 | Application Received Original |
| 01/27/2020 | Application Incomplete Letter Sent 1326 & AFC 100 for Pamela |
| 01/27/2020 | Inspection Report Requested - Fire |
| 01/27/2020 | Contact - Document Sent Fire Safety String |
| 02/26/2020 | Contact - Document Received 1326 & AFC 100 |
| 02/26/2020 | File Transferred To Field Office Detroit |
| 03/03/2020 | Comment Licensing file rec'd from Central office. |
| 03/10/2020 | Application Incomplete Letter Sent |
| 12/15/2020 | Inspection Completed-Fire Safety: A |
| 12/16/2020 | Application Complete/On-site Needed |
| 01/27/2021 | Inspection Completed On-site |
| 01/27/2021 | Inspection Completed-BCAL Sub. Compliance |
| 02/25/2021 | Inspection Completed On-site |
| 02/25/2021 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Aspen Assisted Living Adult Foster Care Facility is in a residential area of Livonia, MI. The facility is a single-story structure. It consist of 18 bedrooms and each bedroom has a full bathroom. It has a living room, dining room, commercial kitchen (it shares a kitchen with the adjacent structure 32408 7 Mile Rd.), staff office, resident hair salon, and 2 public bathrooms.

The furnace and hot water heater are located on the same floor as resident rooms and is separated from the rest of the house in a room that has a fire rated door and is equipped with a self-closing device. The home is equipped with a fire alarm system and automatic sprinkler system. The Bureau of Fire Safety determined the home is in full compliance with fire safety rules.

The home can accommodate wheelchairs.

The home has public water and sewer.

Resident Bedrooms:

There are 16 bedrooms which have 144 square feet of usable floor space and can accommodate 1-2 residents in each room.

There are 2 bedrooms which has 212 square feet of usable floor space and can accommodate 1-2 residents in each room.

The living, dining areas measure a total of 1,738 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 **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, 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 **twenty (20)** male or female ambulatory or non-ambulatory adults whose diagnosis is aged, Alzheimer's, and physically handicapped, 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 licensee will provide all transportation 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 Aspen Assisted Living L.L.C, which is a "Domestic Limited Liability Company", was established in Michigan, on 08/02/2016. 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 Aspen Assisted Living, L.L.C. has submitted documentation appointing Pam Schmitt as Licensee Designee for this facility and as the Administrator.

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

The applicant 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 20-bed facility is adequate and includes a minimum of 1 staff to 15 residents during waking hours and 1 staff to 20 residents during sleeping hours, unless otherwise required by contract or resident needs. 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 and the related documents required to be maintained in each employees 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

The applicant was 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 large group home (capacity 1-20).



Regina Buchanan
Licensing Consultant

03/04/2021
Date

Approved By:



Ardra Hunter
Area Manager

03/08/2021
Date