



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 19, 2021

Lanet Lige
Shoreline Quality Care
20207 Mauer
St. Clair Shores, MI 48080

RE: Application #: AS500402973
Shoreline Quality Care
20207 Mauer
St. Clair Shores, MI 48080

Dear Ms. Lige:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500402973
Applicant Name:	Shoreline Quality Care
Applicant Address:	20207 Mauer St. Clair Shores, MI 48080
Applicant Telephone #:	(313) 778-1045
Administrator/Licensee Designee:	Lanet Lige,
Name of Facility:	Shoreline Quality Care
Facility Address:	20207 Mauer St. Clair Shores, MI 48080
Facility Telephone #:	(313) 778-1045
Application Date:	01/09/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/13/2020	Contact - Document Received IRS ltr; AFC 100 for Lanet (LD & Admin)
01/16/2020	Enrollment
01/21/2020	Contact - Document Sent Act booklet
01/24/2020	Contact - Document Received Licensing file received from Central office
02/12/2020	Application Incomplete Letter Sent Application incomplete letter emailed to Lanet Lige
09/21/2020	Contact - Document Received Received permission to inspect letter
09/30/2020	Inspection Completed On-site
09/30/2020	Contact - Document Sent Emailed list of required documents, resident forms and worksheets to Ms. Lige
10/21/2020	Contact - Document Received Received training certificate from Ms. Lige by email.
10/21/2020	Inspection Completed On-site Follow up inspection.
10/26/2020	Contact - Document Received Received copy of refund policy by email.
11/18/2020	Contact - Document Received Received email and picture re: water temperature. Reduced to 107.4
12/02/2020	Contact - Telephone call made TC to Lanet Lige
12/02/2020	Contact - Document Received Received training certificates from Ms. Lige by email.
12/03/2020	Contact - Document Received Received updated resume from Ms. Lige by email.

12/04/2020	Contact - Document Sent Received BLS certification certificate from Ms. Lige
12/08/2020	Contact - Document Received Received training certificates from Ms. Lige
12/14/2020	Contact - Document Received Email from Ms. Lige
12/17/2020	Contact - Document Received Received nutrition training certificate by email.
01/04/2021	Contact - Document Received Email from Lanet Lige.
01/07/2021	Contact- Document Sent Email to Ms. Lige
01/15/2021	Contact- Document Received Email from Ms. Lige. Sent return email.
01/19/2021	Contact- Document Sent Email to and from Ms. Lige
01/20/2021	Contact- Document Sent Email to and from Ms. Lige re: program statement
01/25/2021	Contact- Document Sent Email to and from Ms. Lige
01/26/2021	Contact- Telephone call received TC from Ms. Lige
01/26/2021	Contact- Document Received Email from Ms. Lige
02/15/2021	Contact- Document Received Email from Ms. Lige with revised document
02/17/2021	Contact- Document Received Email from Ms. Lige. Sent return email.
02/25/2021	Contact- Document Sent Email to and from Ms. Lige re: documents

02/26/2021	Contact- Document Sent Email to and from Ms. Lige
03/01/2021	Contact- Document Sent Email to Ms. Lige
03/02/2021	Inspection Completed On-site Completed onsite to provide technical assistance
03/02/2021	Contact Document Sent Email from Ms. Lige with revised document
03/08/2021	Contact- Document Received Email from Ms. Lige with refund policy
03/09/2021	Contact- Document Sent Email to Ms. Lige
03/15/2021	Contact- Document Received Email from Ms. Lige
03/16/2021	Contact- Document Sent Email to Ms. Lige
03/18/2021	Contact- Document Sent Email to and from Ms. Lige. Received copies of revised documents

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

A. Physical Description of Facility

Shoreline Quality Care a one-story small adult foster care home located in St. Clair Shores, MI. The licensee for the home is Shoreline Quality Care. Lanet Lige will act as the licensee designee and administrator for the home. The home is owned by Lanet Lige. Ms. Lige provided a copy of the warranty deed. Ms. Lige provided a signed letter dated 09/21/2020 giving permission to inspect the property. The home has city water and sewer.

Shoreline Quality Care has a living room, family room, kitchen, dining area, three bedrooms, two bathrooms, laundry room and basement. The home has an attached garage. The living room, family room and dining area offer a total of 638 square feet which meets the required 35 square feet per person for four residents.

The three bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'0" X 11'1"	121	1
2	12'4" X 9'4"	115	1
3	15'0" X 12'11"	193	2

Total capacity: 4

All three bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair, mirror and window that opens. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has interconnected smoke detectors. There is a fire extinguisher on each floor of the home. A boiler inspection was completed by Flame Heating and Cooling on 10/06/2020. The boiler is located in the basement and there is a fire door at the top of stairs. The bathroom and bedrooms doors had non-locking against egress hardware. The water temperature was found to be between 105-120 degrees Fahrenheit.

B. Program Description

Shoreline Quality Care will provide services to individuals with a mental illness, the aged and residents who have a developmental disability. The home will accept both male and female residents. The home will provide 24-hour care and supervision, medication administration, meals, assistance with personal hygiene and social development. Activities for residents will include day programs, church, Bingo, barbeques, dinner and movies, parks and outdoor recreational activities. Residents admitted to the home must be fully ambulatory. The home is not wheelchair assessable. The home will not be accepting residents with Alzheimer's/Dementia. The home will provide transportation for residents when needed. The home will have one staff per shift. Staff will work in 8 or 12-hour shifts.

Lanet Lige will act as the licensee designee and administrator for the home. Ms. Lige is a registered nurse and provided a copy of her current nursing license. She received her Bachelor of Science Degree in Nursing from The University of Detroit Mercy. Ms. Lige has 12 years' experience in hospital, home health, occupational health and primary care environments. She is currently employed at the VA Medical Center in Detroit, MI in Mental Health Intensive Case Management. Ms. Lige provided a medical statement and TB test dated 07/23/2020. The statement indicates that Ms. Lige has no physical/mental

conditions or health problems that would limit her ability to work with or around dependent adults. Ms. Lige has also been fingerprinted and had a clearance completed.

C. Rule/Statutory Violations

The home was found to be in full compliance with licensing rules at the time of inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Shoreline Quality Care (capacity 4).

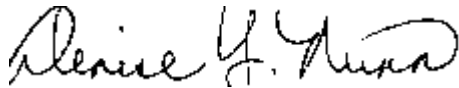


03/19/2021

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



03/19/2021

Denise Y. Nunn
Area Manager

Date