



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 29, 2022

Krishelle Wiley  
The Coach Stop Manor, LLC  
2003 W. Jefferson  
Trenton, MI 48183

RE: Application #: AS820410244  
**Island House**  
**8504 Macomb Street**  
**Grosse Ile, MI 48138**

Dear Ms. Wiley:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820410244

**Licensee Name:** The Coach Stop Manor, LLC

**Licensee Address:** 2003 W. Jefferson  
Trenton, MI 48183

**Licensee Telephone #:** (734) 692-9291

**Administrator/Licensee Designee:** Krishelle Wiley

**Name of Facility:** Island House

**Facility Address:** 8504 Macomb Street  
Grosse Ile, MI 48138

**Facility Telephone #:** (734) 692-0564

**Application Date:** 09/10/2021

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

09/10/2021	On-Line Enrollment
11/03/2021	Contact - Document Sent 1326, RI030, IRS letter
11/15/2021	Application Incomplete Letter Sent
12/19/2021	Contact - Telephone call received Received incomplete application documents.
01/20/2022	Contact - Telephone call made Spoke with Mrs. Wiley and requested revisions/updates to some of the previously submitted documents.
01/21/2022	Contact - Document Received Updated documents received.
01/22/2022	Application Complete/On-site Needed
02/09/2022	Inspection Completed-BCAL Full Compliance
03/09/2022	Contact - Document Received Received proof of training, education, and financial capability.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Island House is located in the city of Grosse Ile in the county of Wayne. The home is a red brick and brown cedar shake two story colonial with a large, enclosed courtyard. The home consists of six bedrooms and 2 ½ bathrooms. It has an open floor plan with a large kitchen. The living, dining, and sitting room areas measure a total of 1228 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not licensed to accept residents who require the regular use of a wheelchair.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected on 12/15/21 and was found to be in good working condition.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was inspected on 12/01/21 and was found to be in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6"x10'10"	146 sq. ft.	2
2	10'10"x15'7"	147 sq. ft.	2
3	11'0"x11'6"	127 sq. ft.	1
4	11'8"x11'7"	135 sq. ft.	2
5	16'5"x13'4"	219 sq. ft.	2
6	16'7"x11'6"	191 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is **Aged** and **Alzheimer's**, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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 assure 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 The Coach Stop Manor, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/05/02. 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 The Coach Stop Manor, L.L.C. has submitted documentation appointing Krishelle Wiley as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The staffing pattern may increase based on the needs of the residents. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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 licensee designee 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 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 small group home (capacity 1-6).



Pandrea Robinson  
Licensing Consultant

03/23/22  
Date

Approved By:



03/29/22

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Ardra Hunter  
Area Manager

Date