



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 28, 2022

Stormey Jackson  
Springwell Adult Services, PLLC  
23469 West Ranch Hill  
Southfield, MI 48033

RE: Application #: AS630396498  
**Paulette's Assisted Living**  
**23469 W Ranch Hill**  
**Southfield, MI 48033**

Dear Ms. Jackson:

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 5 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 "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630396498
<b>Licensee Name:</b>	Springwell Adult Services, PLLC
<b>Licensee Address:</b>	23469 West Ranch Hill Southfield, MI 48033
<b>Licensee Telephone #:</b>	(248) 252-7050
<b>Licensee Designee:</b>	Stormey Jackson
<b>Administrator:</b>	Melonie Barnes
<b>Name of Facility:</b>	Paulette's Assisted Living
<b>Facility Address:</b>	23469 W Ranch Hill Southfield, MI 48033
<b>Facility Telephone #:</b>	(248) 252-7050
<b>Application Date:</b>	09/26/2018
<b>Capacity:</b>	5
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODOLOGY

09/26/2018	On-Line Enrollment
09/27/2018	Contact - Document Sent Rules and Acts books
11/01/2018	Contact - Document Received 1326, RI-030, FP and 100 for Stormey. Hard copy of App.
11/01/2018	File Transferred to Field Office Pontiac
11/05/2018	Contact - Document Received Licensing file received from Central office
11/19/2018	Application Incomplete Letter Sent
12/03/2018	Contact - Document Sent email sent to applicant regarding documents needed for licensure
12/20/2018	Contact - Document Received Documents received from applicant. Numerous errors.
12/27/2018	Contact - Telephone call made Spoke to applicant
02/04/2019	Contact - Document Sent Email sent to applicant regarding pending application and correction of submitted documents
03/28/2019	Inspection Completed On-site
03/28/2019	Inspection Completed-BCAL Sub. Compliance
03/28/2019	Application Incomplete Letter Sent
01/11/2020	Contact - Document Received
12/28/2020	Contact - Document Sent
01/20/2021	Contact - Document Sent
02/04/2021	Inspection Completed On-site
02/11/2021	Application Incomplete Letter Sent

03/15/2021	Contact - Document Sent
03/18/2021	Contact - Document Received
12/09/2021	Application Incomplete Letter Sent This enrollment was re-assigned to me on 11/29/21. I re-submitted an incomplete checklist to the applicant via email along with examples on how to complete the required paperwork. The applicant was informed to have all of the paperwork submitted to me by the end of December 2021.
01/03/22	Contact-Document Received I received some of the requested documents from the applicant such as; policies and procedures, proof of ownership, floor plan, and administrator documents.
01/22/2022	Contact Document Sent I sent a letter to the applicant regarding the documents that have been approved, the missing documents, and corrections that are needed. The applicant was given a timeframe to have everything completed and approved by May 17, 2022.
04/04/2022	Contact Document Received I received the remaining corrected documents from the applicant. An onsite is scheduled for 04/15/22.
04/15/2022	Application Complete/On-site Needed
04/15/2022	Inspection Completed On-site
04/15/2022	Inspection Completed-BCAL Sub. Compliance
04/19/2022	Confirming Letter Sent
04/19/2022	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
04/27/2022	Inspection Completed-BCAL Full Compliance The home was found to be in compliance with the exception of the water temperature. I observed the water temperature again on 04/28/22 via Facetime and the temperature was 116 degrees.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single-family ranch style home in Southfield, MI. There are three bedrooms and two full bathrooms. One of the two bathrooms is located inside of bedroom #3. The living room is an open space that leads to the kitchen and a dining area with a table that seats six people. The dining area leads to a lounge area that includes a television and sitting area. There is a basement in the home that will not be used by the residents. The heating plant room is located in the basement in a self-enclosed room. The heating plant room consist of a furnace and water heater. The laundry room is also in the basement connected to the heating plant enclosed room. The heating plant door is constructed of material which has a 90-minute fire resistance rating and; the door is equipped with an automatic self-closing device and positive latching hardware. The furnace was last inspected on 05/14/21 and there were no concerns reported.

The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is not wheelchair accessible. There is parking available in the driveway. The facility has city water and sewage.

There are smoke alarms located in every bedroom. There is also a smoke alarm located in both sleeping areas. There is also a carbon monoxide detector located in the sleeping area next to bedroom number two and three. There is also a smoke alarm located inside the heating plant room. There is a fire extinguisher located in the kitchen and in the basement.

The refrigerator door has a built-in thermometer for the refrigerator and freezer. There is a locked file cabinet in the lounge area for the resident's medications. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, and closet. The resident's bedroom and the bathrooms doors do not have any locks. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The three resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	11.5 x 9.66	111.09	1
2	9.83 x 12.83	126.11	2
3	11.58 x 17.75	205.54	2

**Total Capacity: 5**

The living room and family room measure a total of 748.98 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate five residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Paulette's Assisted Living will provide 24-hour supervision, protection, and personal care to five female and/or male residents.

Paulette's Assisted Living offers a co-ed home with single and private rooms at a competitive rate. Paulette's Assisted Living will provide AFC foster care in a supervised environment that balances the need to promote independence, maximum function, and personal dignity. Paulette's Assisted Living will take a combined recreational and rehabilitative approach in this program to serve the entire person. Residents will be transported to medical, dental, podiatry and other medical health related needs outside of the home.

Paulette's Assisted Living will provide structured strength-based programming appropriate for person's with Alzheimer's and/or Aged. Individualized assessments will be completed that identify individual strengths, life experiences, interests, and capabilities. Residents will be reassessed periodically. Assessment will include input from the resident, family members, and current caregivers.

## **C. Applicant and Administrator Qualifications**

The licensee for the home is Springwell Adult Services, PLLC. Ms. Stormey Jackson will act as the licensee designee and Melonie Barnes will be the administrator. I received a copy of the registered deed which confirms that the licensee designee, Stormey Jackson is the owner of the home.

Paulette's Assisted Living submitted a proposed budget showing expected 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 Ms. Jackson. Ms. Jackson submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results.

Ms. Jackson has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Jackson is trained in CPR, first aid, financial, administrative, and general management, personal care safety and with dignity, safety and fire prevention, prevention and containment of

communicable diseases, nutrition, and resident rights. Ms. Jackson also completed college courses at Eastern Michigan University regarding advanced issues in Dementia care. Ms. Jackson was also a chore provider for three years for her mother who is diagnosed with Alzheimer's.

Ms. Barnes has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Barnes is trained in CPR, first aid, financial, administrative, and general management, personal care safety and with dignity, safety and fire prevention, prevention and containment of communicable diseases, nutrition, foster care and resident rights. Ms. Barnes has six years of hands-on direct care experience by caring for her mother who is diagnosed with Dementia. Ms. Barnes cared for her mother by assisting her with dressing, bathing, administering medications, meal preparation, and transporting.

The staffing pattern for the original license of this five-bed facility is adequate and includes two staff members on duty for each shift.

Ms. Jackson acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Jackson acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Jackson 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 designee can administer medication to residents. In addition, Ms. Jackson indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Jackson acknowledged his responsibility to obtain all required moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Jackson acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Jackson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Jackson acknowledged his responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home. Ms. Jackson also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Ms. Jackson acknowledged his responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Jackson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Jackson acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and; all of the resident's personal money transactions that have been agreed to be managed by the licensee designee.

Ms. Jackson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Jackson indicated that it is his intent to achieve and maintain compliance with these requirements.

Ms. Jackson 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. Ms. Jackson indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Jackson acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Jackson acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Ms. Jackson acknowledged she has a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Ms. Jackson.

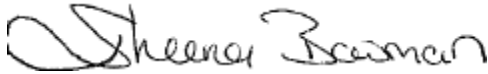


**D. Rule/Statutory Violations**

Paulette's Assisted Living 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 small group home (capacity 1-5).



Sheena Bowman  
Licensing Consultant

04/28/22  
Date

Approved By:



Denise Y. Nunn  
Area Manager

04/28/2022

---

Date