



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 26, 2022

Susan Stevenson
2176 Martha Hulbert DR.
Lapeer, MI 48446

RE: Application #:	AF440411258 Pleasant Lake Assisted Living 2176 Martha Hulbert Dr. Lapeer, MI 48446
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Dear Ms. Stevenson:

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 (517) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF440411258
Licensee Name:	Susan Stevenson
Licensee Address:	2176 Martha Hulbert Dr. Lapeer, MI 48446
Licensee Telephone #:	(989) 892-1036
Administrator/Licensee Designee:	N/A
Name of Facility:	Pleasant Lake Assisted Living
Facility Address:	2176 Martha Hulbert Dr. Lapeer, MI 48446
Facility Telephone #:	(810) 664-0208
Application Date:	12/29/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/25/2021	Inspection Completed-Env. Health : A EHI inspection completed, "A" rating under current license #AF440303320
12/29/2021	On-Line Enrollment
01/04/2022	Inspection Report Requested - Health 1032287
01/05/2022	Contact - Document Received AFC 100 for Responsible Person
01/05/2022	File Transferred To Field Office Flint via SharePoint
01/10/2022	Application Incomplete Letter Sent
03/03/2022	Application Incomplete Letter Sent
03/10/2022	Inspection Completed On-site
03/10/2022	Inspection Completed-BCAL Sub. Compliance
05/09/2022	Application Complete/On-site Needed
05/25/2022	Inspection Completed-BCAL Full Compliance
05/26/2022	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pleasant Lake Assisted Living is located at 2176 Martha Hulbert Drive, in the township of Oregon, city of Lapeer, Michigan. The home is currently licensed as an adult foster care family home under license number #AF440303320. The current licensee, Robert Ollett, owns the home and property but is moving out and leasing the home to the new licensee, Susan Stevenson. Mr. Ollett and Ms. Stevenson have entered into a lease agreement which expires on July 1, 2026. Mr. Ollett has given written permission for Ms. Stevenson to live in and operate an AFC home from this location and his permission for AFC Licensing and other necessary agencies to inspect the home and property.

The home is a tri-level house and was built on a finished basement. The licensee's living quarters are located in the finished basement and this area is not intended for

resident use. The home is in a small neighborhood that is surrounded by similar homes. The home sits on an acre of land and overlooks Lake Pleasant. The yard has a fence that encloses the backyard, separating it from the lake and there is a large deck in the backyard as well. The home has private water and sewage which was inspected by the Lapeer County Health Department on 08/25/21 and given an “A” rating.

The first floor of the home contains two semi-private resident bedrooms, one private resident bedroom with an attached bathroom, a shared bathroom, and the laundry room. There are handrails in all stairways and landings and there are grab bars in the showers. This home is not wheelchair accessible, but it can accommodate physically handicapped individuals.

The home has a kitchen, dining room, and living room on the second floor. There is a large window overlooking the lake and there is ample sitting and dining space for all residents.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected on 10/18/21 by Davison Heating & Cooling. The inspector found some issues that needed to be repaired. Therefore, the furnace and hot water heater were again inspected on 10/29/21 by Jack’s Heating & Cooling and were deemed to be in safe working condition. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are located on each floor of the home.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Large Bedroom	12’ x 12’	144 sq ft	2
Small Bedroom	12’ x 11’	132 sq ft	2
Master Bedroom	15’ x 13’5”	201 sq ft	1

The living, dining, and sitting room areas measure a total of 486 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 **five (5)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to five (5) ambulatory residents, whose diagnosis is physically handicapped, developmentally disabled, mentally ill, and/or aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (5) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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

utilizing the website www.miltcpartnership.org, 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. 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 her responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 her 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with 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 her responsibility to obtain 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 her 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.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home with a capacity of 5.

Susan Hutchinson

May 26, 2022

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

May 26, 2022

Mary E Holton Area Manager	Date
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