



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 11, 2023

Susan Phipps  
Silver Lake Serenity Inc  
1687 Pine Tree Lane  
Grawn, MI 49637

RE: Application #: AM280414474  
Silver Lake Serenity  
5840 Culver Rd.  
Traverse City, MI 49685

Dear Ms. Phipps:

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 12 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM280414474
<b>Applicant Name:</b>	Silver Lake Serenity Inc
<b>Applicant Address:</b>	1687 Pine Tree Lane Grawn, MI 49637
<b>Applicant Telephone #:</b>	231-632-3425
<b>Administrator/Licensee Designee:</b>	Susan Phipps
<b>Name of Facility:</b>	Silver Lake Serenity
<b>Facility Address:</b>	5840 Culver Rd. Traverse City, MI 49685
<b>Facility Telephone #:</b>	(231) 632-3425
<b>Application Date:</b>	09/15/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODOLOGY

04/18/2022	Inspection Completed-Fire Safety: A
06/29/2022	Inspection Completed-Env. Health: A completed for previous license AL280291584
09/15/2022	Enrollment
01/11/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is bi-level home located in a subdivision southwest of Traverse City. It consists of two dining areas and two living rooms. There is an upper-level non-resident apartment which is unoccupied but used by the licensee as office space. All adult foster care residents live on the ground level. There are 12 resident bedrooms with three full bathrooms available in the resident section of the home. In addition, there are three bedrooms that have a half bathroom and another three bedrooms that share a half bathroom.

The furnace and hot water heater are located on the ground level with a 1-3/4-inch solid core door equipped with an automatic self-closing device in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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 home is wheelchair accessible with the exterior doors being at ground level with two means of egress. The exterior doors are equipped with a buzzer system. Interconnected smoke detection and sprinkling systems have been installed to meet compliance with fire safety regulations. On 04/18/2022 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

The home has private water and sewage systems. On 06/29/2022 the home was inspected by the Grand Traverse County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.10 x 11.10	123.2	1
2	11.4 x 14.8	168.7	1
3	11.6 x 12.6	146.1	1

4	12.6 x 11.10	139.9	1
5	12.3 x13	159.9	1
6	10 x 15.9	159	1
7	10.1 x12.8	129.2	1
8	10.1 x12.8	129.2	1
9	9.10 x 12.8	116.4	1
10	10.2 x 12.8	130.5	1
11	10.0 x12.8	128	1
12	10.2 x 12.8	130.5	1

The living, dining, and sitting room areas measure a total of 838 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 **12** 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 12 male or female ambulatory or no ambulatory adults who are whose diagnosis is Alzheimer's or dementia related conditions in the least restrictive environment possible.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene, and the administration of medications.

The licensee will provide for all transportation for program and medical needs in accordance with the resident's care agreement. 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 libraries, local museums, shopping centers, and local parks.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

The applicant is Silver Lake Serenity, Inc., which is a "For Profit Corporation" was established in Michigan, on 03/21/2022. 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 Silver Lake Serenity, L.L.C. has submitted documentation appointing Susan Phipps as Licensee Designee for this facility and Susan Phipps as the Administrator of the facility.

A criminal history background check was conducted for the applicant Susan Phipps, Licensee Designee, and administrator. She has been determined to be of good moral character. Ms. Phipps submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has 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 **12-bed** facility is adequate and includes a minimum of staff 2-to- 12 residents per shift during awake hours and **1** staff - to-12 residents during sleeping hours. All staff shall be awake and will not be allowed to sleep during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 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 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 good moral character, medical and training 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 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 their responsibility to obtain the required written assessment, 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 as well as the required forms and signatures to be completed for each resident on an annual basis.

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 the documents contained within each resident's file.

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their 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 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 medium group home (capacity 12).



01/11/2023

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Rhonda Richards  
Licensing Consultant

Date

Approved By:



01/11/2023

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Jerry Hendrick  
Area Manager

Date