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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 31, 2023

Amie Pagano
Suncrest Senior Living Farmington Hills LLC
1134 Chestnut Lane
South Lyon, MI 48178

RE: Application #: AS630412277
Suncrest Farmington
34206 W. 13 Mile Rd.
Farmington Hills, MI 48331

Dear Ms. Pagano:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412277
Applicant Name:	Suncrest Senior Living Farmington Hills LLC
Applicant Address:	1134 Chestnut Lane South Lyon, MI 48178
Applicant Telephone #:	(248) 432-7073
Administrator/Licensee Designee:	Amie Pagano
Name of Facility:	Suncrest Farmington
Facility Address:	34206 W. 13 Mile Rd. Farmington Hills, MI 48331
Facility Telephone #:	(248) 432-7073
Application Date:	04/06/2022
Capacity:	5
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/06/2022	Enrollment
04/13/2022	Application Incomplete Letter Sent AFC 100, 1326
08/17/2022	Contact - Document Received AFC100 & Ri030
08/17/2022	Contact - Document Sent sent email to amie requesting the 1326
09/08/2022	Contact - Document Received 1326
09/08/2022	PSOR on Address Completed
09/08/2022	File Transferred to Field Office
09/19/2022	Application Incomplete Letter Sent
10/20/2022	Contact - Document Received
11/18/2022	Inspection Completed On-site
11/18/2022	Inspection Completed BCAL-full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Suncrest Farmington is located at 34206 W. 13 Mile Rd, Farmington Hills, Michigan 48331 and is owned by Pagano Properties II LLC. Proof of ownership and permission to inspect the property is contained in the facility file.

Suncrest Farmington is a brick ranch style structure with a total of 2042 square feet of living space. The home consists of a living room, sunroom/dining room, family room, kitchen, three bathrooms, five bedrooms and a basement. The home is wheelchair accessible as there are ramps at both means of egress. Both the hot water heater and furnace are in the basement and contained in a room that is equipped with a one-hour fire rated steel door with an automatic self-closing device and positive latching

hardware. The facility is equipped with an inter-connected smoke detection system, with battery backup that was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'0" X 12'11"	155	1
2	11'0" X 12'0"	132	1
3	11'0" X 12'0"	132	1
4	11'3" X 11'3"	127	1
5	10'4" X 8'11"	92	1

Total capacity: 5

The indoor living and dining areas measure a total of 580 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 5 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Suncrest Senior Living Farmington Hills LLC intends to provide 24-hour supervision, protection, and personal care to 5 both male and female residents who are 65 years of age or older, suffer from Alzheimer's Disease and are aged.

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 five (5) both male and female residents, who are (aged) 65 years of age or older and suffer from Alzheimer's Disease in the least restrictive environment as possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from private referral sources, local hospitals and community-based agencies.

Ms. Pagano will provide and/or arrange for all transportation for program and medical needs. Ms. Pagano has established a contract with Papuga Transportation Inc. to provide transportation services. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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.

C. Applicant and Administrator Qualifications

The applicant is Suncrest Senior Living Farmington LLC., a “Domestic Limited Liability Company,” established in Michigan on 8/11/2021. 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 Suncrest Senior Living Farmington LLC have submitted documentation appointing Amie Pagano as the licensee designee and administrator for the facility.

A licensing record clearance request was completed for Ms. Pagano, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Pagano submitted a medical clearance request with a statement from her physician documenting her good health and current TB-tine negative results.

Ms. Pagano provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Pagano obtained a Bachelor of Science in Nursing degree from the University of Detroit in 1999. Ms. Pagano submitted a copy of her active license as a Registered Nurse in the State of Michigan. She submitted a resume indicating 19 years of experience working with the elderly and physically handicapped as a hospice nurse and as a home health care nurse. Ms. Pagano currently serves as the licensee designee and administrator for two licensed adult foster care homes – Suncrest Adult Care Home AS630337237 (2013) and Suncrest Senior Living AS630389499 (2017).

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff to five residents per shift. All staff shall be awake during sleeping hours.

Ms. Pagano acknowledged 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.

Ms. Pagano 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 utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Cogent Systems ®), and the related documents required to demonstrate compliance.

Ms. Pagano 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, can administer medication to residents. In addition, Ms. Pagano 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.

Ms. Pagano acknowledged the 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, Ms. Pagano acknowledged the 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.

Ms. Pagano 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. Pagano indicated the intent to achieve and maintain compliance with these requirements.

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

Ms. Pagano acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Pagano acknowledged her responsibility to obtain all 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, Ms. Pagano acknowledged her 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.

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

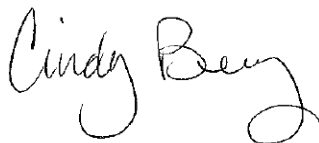
Ms. Pagano acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group home with a capacity of 5.



01/25/2023

Cindy Berry
Licensing Consultant

Date

Approved By:



01/31/2023

Denise Y. Nunn
Area Manager

Date