



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2023

Jorge Garcia
Aion Pineview LLC
11681 Whitehall Dr.
Sterling Heights, MI 48313

RE: Application #: AS630412937
Pineview Manor
2888 S Baldwin Rd
Orion Township, MI 48360

Dear Mr. Garcia:

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 (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

License #:	AS630412937
Licensee Name:	Aion Pineview LLC
Licensee Address:	11681 Whitehall Dr. Sterling Heights, MI 48313
Licensee Telephone #:	(248) 342-9015
Administrator/Licensee Designee:	Jorge Garcia, Designee
Name of Facility:	Pineview Manor
Facility Address:	2888 S Baldwin Rd Orion Township, MI 48360
Facility Telephone #:	(248) 393-5780
Application Date:	06/06/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

06/06/2022	On-Line Enrollment
06/28/2022	PSOR on Address Completed
06/28/2022	Contact - Document Sent Forms sent
08/09/2022	Contact - Document Received Updated app to change AF to AS
08/25/2022	Contact - Document Received 1326, AFC-100
10/27/2022	Contact - Document Received Add. \$50.00 app fee Chk #1028 Trans# 25136039 Amt: \$50.00
10/27/2022	File Transferred To Field Office
11/04/2022	Application Incomplete Letter Sent A copy of the checklist and examples on how to complete the required documents were sent to the applicant.
02/01/2023	Contact – Document Received I received the majority of the requested documents from the applicant.
02/09/2023	Contact Document Received I received additional documents from the applicant.
02/15/2023	Contact – Document Received I received additional documents from the applicant.
02/28/2023	Contact – Document Sent I sent the applicant a letter informing him which documents have been approved, which documents are missing, and corrections that are needed.
03/08/2023	Contact – Document Received I received additional documents from the applicant.
04/11/2023	Contact – Document Received I received corrected documents from the applicant.
04/20/2023	Inspection Completed On-site

04/20/2023	Inspection Completed-BCAL Sub. Compliance
04/25/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Orion Township, MI. There are six bedrooms, and two bathrooms. The bathtub in the first bathroom will not be used by the residents as it is not easily accessible to get in and out of the bathtub. The main level consist of a living room, TV room, dining area, kitchen, all of the residents bedrooms and bathrooms. The home has two approved separate and independent means of egress located on the first floor with non-locking against egress hardware. Both means of egress are equipped with door alarms that go off every time the doors are opened. This facility is wheelchair accessible. The main exit in the home is on street level. The second exit leads to a wheelchair ramp that is also connected to a deck. There is parking available in front of the home as well as behind the home. The facility has city water and sewage.

The furnace and water heater are located in the basement. The basement will not be used for resident activities. The basement door is a solid core door equipped with an automatic self-closing device along with positive latching hardware. There are smoke alarms located in both sleeping areas. There is a fire extinguisher and a smoke alarm in the basement near the heating plants. There is also a fire extinguisher near the kitchen.

The refrigerator and freezer have thermometers in them. The home has a locked cabinet for medications located in the employee office. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser and/or closet. The bedrooms and bathrooms are equipped with non-locking against egress hardware. During the onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements; with the exception of assistive devices located in the basement and bathrooms that were not prescribed to the current residents. The assistive devices were removed from the home on 04/20/23.

The six resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.5 x 12	126	1
2	12 x 10.42	125.04	1
3	25.58 x 15.5	396.49	1
4	11.83 x 15.92	188.33	1

5	9.92 x 18.42	182.72	1
6	10 x 14.17	141.7	1

Total Capacity: 6

The living room, TV room, and dining area measure a total of 707.99 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 six 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, and personnel policies, were reviewed and accepted as written. Pineview Manor Assisted Living will provide 24-hour supervision, protection, and personal care to six female and/or male residents.

Pineview Manor Assisted Living is designed to meet aged, physically handicapped, TBI, and Alzheimers residents' immediate needs, so that he or she can remain as independent and self-sufficient as possible. The residents will receive assistance with basic self-care, feeding, grooming, dressing, and bathing. The goal of the program is to maximize the functioning of each resident's capability and condition. Transportation will not be provided by Pineview Manor Assisted Living however; they will assist residents and their representatives in arranging transportation if necessary.

C. Applicant and Administrator Qualifications

This enrollment application is considered a change of ownership as the home is currently licensed under Lake Orion Assisted Living, LLC as Janet Mazzetti as the licensee designee. Mr. Jorge Garcia will become the new licensee designee and administrator. The licensee for the home is Aion Pineview LLC. I received a letter from Mrs. Mazzetti granting permission to enter and inspect the home.

Pineview Manor 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 Mr. Garcia. Mr. Garcia submitted a medical clearance request with statements from a physician documenting his good health and current TB negative test results.

Mr. Garcia has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Garcia is trained in CPR, first aid, nutrition, fire safety, containment of communicable diseases, resident

rights, business management, foster care, alzheimers and dementia. Mr. Garcia is a registered nurse therefore; his experience meets the qualifications for knowledge of the needs of the population to be served. Mr. Garcia is also the licensee designee and administrator for Silverbell Manor (AS630407930) since 2021.

The staffing pattern for the original license of this six-bed facility is adequate and includes one staff member on duty for each shift.

Mr. Garcia 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.

Mr. Garcia 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Garcia 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, Mr. Garcia indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Garcia 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, Mr. Garcia acknowledged his 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.

Mr. Garcia 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.

Mr. Garcia 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. Mr. Garcia also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mr. Garcia 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.

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

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

Mr. Garcia 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. Mr. Garcia 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.

Mr. Garcia 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.

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

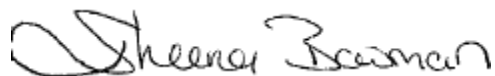
Mr. Garcia has a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Mr. Garcia in 2021.

D. Rule/Statutory Violations

Pineview Manor 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 1-6).



Sheena Bowman
Licensing Consultant

04/25/23

Date

Approved By:



05/03/2023

Denise Y. Nunn
Area Manager

Date