

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 1, 2023

Lijo Antony Barns Senior Living, LLC 71 North Ave Mt. Clemens, MI 48043

> RE: Application #: AS630415337 The Barns Senior Living 2 1823 Crooks Rd Rochester Hills, MI 48309

Dear Mr. Antony:

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,

Frodet Danisha

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202 (248) 303-6348

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AS630415337	
Licensee Name:	Barns Senior Living, LLC	
Licensee Address:	1823 Crooks Rd	
	Rochester Hills, MI 48309	
Licensee Telephone #:	(248) 710-3960	
Administrator/Licensee Designee:	Lijo Antony	
Name of Eacility:	The Parne Senier Living 2	
Name of Facility:	The Barns Senior Living 2	
Facility Address:	1823 Crooks Rd	
	Rochester Hills, MI 48309	
Facility Telephone #:	(248) 710-3960	
Application Date:	01/11/2023	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED	
	AGED	
	ALZHEIMERS	

## II. METHODOLOGY

01/11/2023	On-Line Enrollment
01/12/2023	Contact - Document Sent Forms sent
02/21/2023	Contact - Document Received 1326/RI-030/fps
03/01/2023	Application Incomplete Letter Sent Letter emailed to licensee designee Lijo Antony
04/17/2023	Inspection Completed On-site
04/17/2023	Inspection Completed-BCAL Sub. Compliance
04/27/2023	Corrective Action Plan Received
04/27/2023	Corrective Action Plan Approved
05/15/2023	Inspection Completed On-site
05/15/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Barn Senior Living 2 is a newly constructed large ranch style home in a residential area of City of Rochester Hills. The home is a one-story structure with a walk-out basement. The home consists of a large living room, kitchen, dining area adjacent to the kitchen, and an activity/conference room. There are six bedrooms and three full bathrooms and one bathroom with just a large open shower. This home is wheelchair accessible. The Barn Senior Living 2 utilizes public water supply and sewage disposal system.

The hot water heater and furnace are in the basement, which is equipped with a 1-3/4inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'11" x 10'01"	120	1
2	11'02" x 10'02"	114	1
3	11'11 x 09'11"	118	1
4	12'00" x 12'04"	148	1
5	11'00" x 10'02"	112	1
6	12'00 x 10'04"	124	1

**Total Capacity: 6** 

The living, dining, and activity/conference room areas measure a total of <u>658</u> square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility to 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. Mr. Antony intends to provide 24-hour supervision, protection, and personal care to six (6) male or female ambulatory adults whose diagnosis is Alzheimer's (dementia), aged and physically handicapped, in the least restrictive environment 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 as it relates to Alzheimer's. Residents will be private source of income.

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

Mr. Antony has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of Mr. Antony's budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from his current assisted living he is the owner/administer, Meadows Assisted Living, Care Campus and Walnut Creek Life, LLC.

The Barns Senior Living 2 is Barns Senior Living, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 10/13/2019. Mr. Antony submitted

bank statements 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 Barns Senior Living, LLC has submitted documentation appointing Lijo Antony as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for Mr. Antony. Mr. Antony submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Antony has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Antony has an associate degree in nursing. Mr. Antony has experience with the aged, Alzheimer's and the physically handicapped population as he is the licensee designee and administrator of Walnut Creek Life and Walnut Creek Living that is services the aged, Alzheimer's and physically handicapped population since 2014.

The staffing pattern for the original license of this <u>6</u>-bed facility is adequate and includes a minimum of <u>2</u> staff during the day and <u>1</u> staff during the midnight shifts—to- <u>6</u> residents per shift. All staff shall be awake during sleeping hours.

Mr. Antony acknowledges 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.

Mr. Antony acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), L-1 Identity Solutions<sup>™</sup> (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Antony 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, Mr. Antony 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.

Mr. Antony acknowledges their 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, Mr. Antony 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 of the documents contained within each employee's file.

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

Mr. Antony acknowledges 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. Antony has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

Mr. Antony acknowledges their 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, Mr. Antony 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.

Mr. Antony acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

## D. <u>Rule/Statutory Violations</u>

R 400.14507	Means of egress generally.	
	(1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a small group home.	
	VIOLATION ESTABLISHED	

The Barn Senior Living 2 has their second form of egress through the garage and the ramp is located there too. This home does not have a service door in the garage, instead their fire monitoring system is tied to the garage door where if the smoke detector turns on, the garage door will open automatically allowing residents to exit from the home. In addition, this facility is equipped with an automatic stand by generator which allows this feature to work even during power outages. However, licensee designee Lijo Antony has agreed to install a service door in the garage to meet licensing requirements. Therefore, a variance request was approved and will expire on 12/01/2023.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home with the capacity of six (6).

Frodet Danisha

05/25/2023

Frodet Dawisha Licensing Consultant Date

Approved By:

Denie Y. Murn

06/01/2023

Denise Y. Nunn Area Manager Date