



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 20, 2023

Julie Wilson
Maplecrest Care LLC
30271 5 Mile Rd
Livonia, MI 48154

RE: Application #: AS820416422
MapleCrest Care
30271 5 Mile Rd
Livonia, MI 48154

Dear Ms. Wilson:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820416422
Applicant Name:	Maplecrest Care LLC
Applicant Address:	30271 5 Mile Rd Livonia, MI 48154
Applicant Telephone #:	
Administrator/Licensee Designee:	Julie Wilson
Name of Facility:	MapleCrest Care
Facility Address:	30271 5 Mile Rd Livonia, MI 48154
Facility Telephone #:	(734) 744-4688 04/21/2023
Application Date:	
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

04/21/2023	Enrollment
04/26/2023	Contact - Document Received AFC100, 1326, MC, RI030, FPs
05/09/2023	PSOR on Address Completed
05/11/2023	Application Incomplete Letter Sent
07/03/2023	Contact - Telephone call made Enrollment conference
08/29/2023	Contact - Document Received enrollment documents
09/01/2023	Contact - Document Received enrollment documents
09/08/2023	Contact - Document Received enrollment documents
10/12/2023	Contact - Document Received enrollment documents
10/23/2023	Inspection Completed On-site
10/23/2023	Inspection Completed-BCAL Sub. Compliance
12/12/2023	Inspection Completed On-site
12/14/2023	Inspection Completed-BCAL Full Compliance
12/18/2023	Contact - Document Received
12/18/2023	Application Complete/On-site Needed
12/18/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

MapleCrest Care is a ranch style home located in a residential area of Metro Detroit. The home address is 30271 Five Mile Rd Livonia, MI. 48154. The home has tan and brown brick with an open backyard. There are six bedrooms, kitchen, combined living, and dining room area that can accommodate six residents. The home has two means of egress, the front main entrance and back patio door, both equipped with a wheelchair ramp. The door located on the West side of the home, will not be used for egress, and is clearly marked “do not use”, the handle has been removed and a deadbolt was installed and locked. The home utilizes public water and sewage disposal.

This facility is barrier-free, wheelchair accessible and can accommodate wheelchairs.

The furnace and hot water heater are located in the basement in an enclosed room with a 1-3/4 inch solid core door equipped 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.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 North	10.5 x 10.08	106	1
2 East	12 x 10.25	123	1
3 East	9.5 x 11.17	106	1
4 North	11.66 x 9.92	116	1
5 North	9.75 x 11.66	114	1
6 South	9.66 x 12.66	122	1

The indoor living and dining areas measure a total of **(247)** 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 six **(6)** 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 **six (6)**

both male and female residents who are aged, Alzheimer's, physically handicapped and wheelchair accessible 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. Residents will be referred from: (Detroit Wayne Integrated Health Network).

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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is intent to this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and/or increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is MapleCrest Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/07/2023. 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 MapleCrest Care, L.L.C. has submitted documentation appointing Julie Wilson as Licensee Designee for this facility and Julie Wilson as the Administrator of the facility.

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

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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.

The licensee designee 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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, 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 of the documents contained within each employee’s file.

The licensee designee 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 licensee designee 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. The applicant 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.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of 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 their 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.

The licensee designee 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. 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 temporary license to this AFC adult small group home (capacity 1-6).



12/19/2023

Denasha Walker
Licensing Consultant

Date

Approved By:



12/20/2023

Ardra Hunter
Area Manager

Date