



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 13, 2024

Mary Beth Stewart
Alyssum House LLC
805 West Midland Rd
Auburn, MI 48611

RE: Application #:	AS090418009 Alyssum House By American Angels 805 W. Midland Road Auburn, MI 48611
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Dear Mary Beth Stewart:

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 (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090418009
Licensee Name:	Alyssum House LLC
Licensee Address:	805 West Midland Rd AUBURN, MI 48611
Licensee Telephone #:	(734) 649-3899
Licensee Designee:	Mary Beth Stewart
Name of Facility:	Alyssum House By American Angels
Facility Address:	805 W. Midland Road Auburn, MI 48611
Facility Telephone #:	989-266-3170
Application Date:	10/30/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/30/2023	On-Line Enrollment
11/01/2023	Contact - Document Sent forms sent
12/11/2023	PSOR on Address Completed
12/12/2023	File Transferred to Field Office
01/09/2024	Application Incomplete Letter Sent
02/22/2024	Application Complete/On-site Needed
02/23/2024	Inspection Completed On-site
02/28/2024	LSR Generated
03/13/2024	Inspection Completed-BCAL Full Compliance
03/13/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 805 W. Midland Rd. Auburn, MI 48611 is owned by Mary Beth Stewart. Alyssum House By American Angels is a home located several blocks northeast of the Garfield Road exit off MI-10 in the city of Auburn. The facility was previously licensed as Welcome Home Senior Living (AF090411663) which will be closed at the issuance of this license. The facility is a two-story home with stone and vinyl siding. The interior of the facility includes four bedrooms, two sitting areas, a dining room, kitchen, two full bathrooms, a laundry room, and basement. The upstairs consists of a bedroom and bathroom that is not accessible to the residents as this is the licensee's office space. The home is close to a local shopping center and restaurants.

The home is wheelchair accessible with a ramp in the front and back of the home.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating. The room has a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A furnace inspection was completed on 01/19/2024 by Reliable Plumbing & Heating Contractors, Inc. and was found to be in satisfactory running order. Fire

extinguishers are installed on each floor of the home. This home has a public water and public sewer system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-NW	15ft 6in x 11ft 1 in	171.8	2
2-SW	23ft 4in x 13ft 2in- 16ft x 1ft ½ in	290.56	2
3-NE	13ft 3 in x 11ft 9 in- 1 ft 9in x 10ft	138.25	1
4-SE	10ft 7in x 9ft 6 in + 7ft 4in x4ft 7in -1ft 3 in x 2ft	131.68	1

The living, dining, and sitting room areas measure a total of 541.2 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 **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)** male or female adults aged 18-99, whose diagnosis is physically handicap, developmentally disabled, mentally impaired, physically handicap, aged, traumatically brain injured, and Alzheimer’s 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: A & D Waiver, Senior Placement Services, and hospitals.

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 assist residents with connecting with outside agencies for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. 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 local churches, museums, Dial-A-Ride, and local pharmacies.

C. Applicant and Administrator Qualifications

The applicant is Alyssum House, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/30/2023. 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 Alyssum House, L.L.C. has submitted documentation appointing Mary Beth Stewart as Licensee Designee for this facility and Cajetan Kimfon 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. The licensee will provide sufficient staffing for the home based on the needs of the residents.

The applicant 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 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), L-1 Identity Solutions™ (formerly Identix ®), 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 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 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 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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.

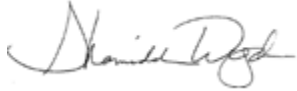
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).

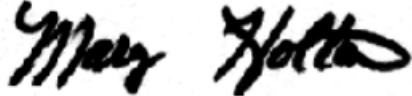


03/13/2024

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/13/2024

Mary E. Holton
Area Manager

Date