

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

MARLON I. BROWN, DPA DIRECTOR

October 23, 2024

Alexandra Cleminte Brighton Serenity Care LLC 4987 Culver Rd Brighton, MI 48114

> RE: Application #: AS470418286 Brighton Serenity Care 4987 Culver Rd Brighton, MI 48114

Dear Ms. Cleminte:

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) 284-9730.

Sincerely,

Julie Ellers

Julie Elkins, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS470418286	
Licensee Name:	Brighton Serenity Care LLC	
Licensee Address:	4987 Culver Rd Brighton, MI 48114	
Licensee Telephone #:	(248) 954-4669	
Licensee Designee:	Alexandra Cleminte	
Administrator:	Alexandra Cleminte	
Name of Facility:	Brighton Serenity Care	
Facility Address:	4987 Culver Rd Brighton, MI 48114	
Facility Telephone #:	(248) 954-4669	
Application Date:	02/28/2024	
Capacity:	6	
Program Type:	AGED ALZHEIMERS	

II. METHODOLOGY

02/28/2024	On-Line Enrollment.
03/08/2024	PSOR on Address Completed.
03/08/2024	Contact - Document Sent forms sent.
04/30/2024	Contact - Document Sent email requesting AFC100 for Dennis.
05/03/2024	File Transferred to Field Office.
05/07/2024	Application Incomplete Letter Sent.
05/13/2024	Contact - Document Received.
08/14/2024	Contact - Document Sent Requested paperwork updates/corrections.
09/11/2024	Contact - Document Received.
09/24/2024	Inspection Completed On-site.
09/24/2024	Inspection Completed-BCAL Sub. Compliance.
10/02/2024	Contact - Document Received.
10/18/2024	Contact - Document Sent.
10/21/2024	Contact - Document Received.
10/22/2024	Contact - Document Sent/Received.
10/22/2024	Inspection completed on site full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home that was built in 1978 with vinyl siding located Brighton, MI on a 1-acre lot. The facility is on a busy road and has a large, paved driveway that provides ample parking for visitors and staff. The first wheelchair ramp is in the front of the facility and has handrails on all open sides and exits at the front of the property. There is a deck attached to the rear of the facility located off the kitchen. The deck has a sitting area and a second wheelchair ramp that has handrails on all open sides that exits onto the paved driveway. The deck can be accessed through the kitchen and can be utilized to observe nature and enjoy the outdoors. The facility is located by both US-23 and I -96 so it is easily accessible. Brighton Township, Michigan is in the southeastern part of Livingston County and is bordered to the east by Oakland County. The township is bordered on the southwest by the city of Brighton, but the two are administered autonomously. The Interstate 96 and U.S. Route 23 cross in the southwest part of the township. I-96 leads east 43 miles to Detroit and west 47 miles to Lansing, while US 23 leads north 36 miles to Flint and south 17 miles to Ann Arbor. Brighton Township has a total area of 34.6 square miles (89.6 km²), of which 33.0 square miles (85.4 km²) are land and 1.6 square miles (4.2 km²), or 4.69%, are water. Streams in the township flow west and southwest and are part of the Huron River watershed leading to Lake Erie. General Motors' Milford Proving Ground is in the northeast part of the township. Consequently, the facility is located near many large cities with ample activities, restaurants, and medical facilities to offer residents.

The main level of the facility consists of a large living room, large dining room/kitchen, two full bathrooms, and six resident bedrooms. The facility has a finished basement that will not be accessed by the residents. The basement is the living area for the licensee designee and her husband. The basement consists of a full bathroom, a bedroom and a room that contains the furnace and hot water heater. The facility's furnace and hot water heater are located in the utility room, which has a solid wood core door. The facility is equipped with central air conditioning. Floor separation has been obtained by the fire door located at the top of the staircase which leads to the basement. The facility does have cameras in the common living areas and outside the building for safety. All smoke detectors are hard-wired into the structure's electrical system and are located in all sleeping areas, kitchens, and living areas. The resident bedrooms, living and activity areas measured as follows:

Bedroom #1	10'10 X 10'10"	115.56 square feet	1 resident
Bedroom #2	10" X 10'9"	107.50 square feet	1 resident
Bedroom #3	11'06" X 15"	172.50 square feet	2 residents
Bedroom #4	10'07" X 10'01"	106.72 square feet	1 resident
Bedroom #5	11'11" X 12'03"	145.98 square feet	2 residents
Bedroom #6	09'05" X 12'03"	115.35 square feet	1 resident

The indoor living and dining areas measures over 2,000 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The basement which contains heating and cooling elements are not included in the living space and are not regularly accessed by the residents. Residents do not do their own laundry but may aid in folding clothes should their assessment plan indicate this is appropriate. Based on the above information, this facility can accommodate six residents. Although some of the resident bedrooms are large enough to accommodate a same sex roommate or a married couple, the applicant understands the license capacity of residents cannot be exceeded.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational and was inspected on 10/02/2024 by Fire Alarm Service Team, LLC. The facility has a

private water supply and private sewage disposal system. The Livingston County Health Department inspected the facility on and 4/23/2024 and the facility was determined to be in full compliance with applicable environmental health rules. The facility had a heating and cooling inspection completed on 04/28/2024 by Lakeside heating and cooling services.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to 6 female and male residents and who are either aged and/or have a diagnosis of Alzheimer's disease. The applicant's primary preference is to provide care to individuals who are at least 50 years in age or older and fall within the two program types listed above (Aged and Alzheimer's disease). The applicant's program statement is to serve the aged and/or those diagnosed with Alzheimer's disease experiencing limitations which prevent them from living without constant supervision and assistance. The program's goal is to create a peaceful and loving environment while efficiently and completely caring for the loved ones entrusted to them. Each resident will receive assistance as identified in their assessment plan and kept as active as possible by engaging each resident in meaningful activities. The applicant encourages family members to visit and actively engage with their loved ones.

Alexandra Cleminte, licensee designee submitted admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility which were reviewed and accepted as written.

Alexandra Cleminte will ensure transportation is available for program and medical needs. Facility direct care staff members 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, local parks, recreational activities and planned resident outings as a source of entertainment.

Alexandra Cleminte in collaboration with facility direct care staff members will continually assess the resident and make changes as necessary to meet the resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of Alexandra Cleminte, licensee designee to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Brighton Serenity Care LLC., a "For Profit Corporation", established in Michigan on 10/16/2023. 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 has submitted documentation appointing Alexandra Cleminte as licensee designee and administrator for this facility. Criminal history background checks were completed and Alexandra Cleminte was determined to be of good moral character to provide licensed adult foster care. Alexandra Cleminte submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The licensee designee/administrator Alexandra Cleminte has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Alexandra Cleminte is and has been a certified nurse assistance (CNA) since August 2017 (certification #053844). Additionally, Alexandra Cleminte has worked with Alzheimer's, Lewy Body Dementia, and other memory impairments in an adult foster care setting since August 2021.

Alexandra Cleminte reported there will be at least one staff member per shift but will adjust the staff ratio as the number of residents grows and to ensure that the safety, supervision and care of the residents are met in accordance with the resident's written assessment plan. Staff members will be awake while on shift even on midnight shift.

Alexandra Cleminte acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (<u>www.miltcpartnership.org</u>) and the related documents required to demonstrate compliance.

Alexandra Cleminte acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee Alexandra Cleminte will administer medication to residents. In addition, applicant Alexandra Cleminte has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Alexandra Cleminte acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Alexandra Cleminte acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. Alexandra Cleminte acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Alexandra Cleminte acknowledged the responsibility to obtain all required good 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, applicant Alexandra Cleminte acknowledged the 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.

Alexandra Cleminte an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Applicant Alexandra Cleminte 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Alexandra Cleminte acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Alexandra Cleminte indicated the intent to respect and safeguard these resident rights.

Alexandra Cleminte acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Alexandra Cleminte acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Alexandra Cleminte acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. 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 AFC small group home with a capacity for 6 residents.

Julie Ellers

10/22/2024

Julie Elkins Licensing Consultant

Date

Approved By:

10/23/2024

Dawn N. Timm Area Manager Date