



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

April 11, 2008

Paul Wyman
Retirement Living Management of Alpena LLC
1845 Birmingham SE
Lowell, MI 49331

RE: Application #: AL040288395
Turning Brook
300 Oxbow
Alpena, MI 49707

Dear Mr. Wyman:

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 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

Joyce Lixey, Licensing Consultant
Bureau of Children and Adult Licensing
2145 E. Huron Rd.
East Tawas, MI 48730
(989) 362-0337

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL040288395
Applicant Name:	Retirement Living Management of Alpena LLC
Applicant Address:	1845 Birmingham SE Lowell, MI 49331
Applicant Telephone #:	(616) 897-8000
Administrator/Licensee Designee:	Paul Wyman, Designee
Name of Facility:	Turning Brook
Facility Address:	300 Oxbow Alpena, MI 49707
Facility Telephone #:	(989) 354-4200
Application Date:	02/06/2007
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

02/06/2007	Enrollment
02/08/2007	Inspection Report Requested - Fire
02/08/2007	Inspection Report Requested - Health
02/08/2007	Contact - Document Sent Fire safety letter with attn. to licensee
02/20/2007	Application Incomplete Letter Sent
04/11/2007	Contact - Telephone call made Licensee, requesting information regarding architectural plans
04/11/2007	Contact - Telephone call made Architectural plans - disapproved.
04/11/2007	Contact - Document Received Fax from Licensee
02/06/2008	Inspection Completed-Fire Safety: A
02/20/2008	Inspection Completed On-site Measured facility rooms
02/21/2008	Inspection Report Requested - Health
03/24/2008	Inspection Completed-Env. Health : A
04/08/2008	Telephone call made To licensee designee, Paul Wyman
04/10/2008	Document received From licensee designee, Paul Wyman

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential area off Pinecrest Street at 300 Oxbow Drive, in Alpena, Mi. The facility is situated within two miles of local police and fire departments, hospitals, Alpena Community College, community mental health agencies, shopping districts and local parks, museums, and boating/swimming/fishing areas.

The inside of the facility is arranged to appear as an interior city streetscape with a central town square that has benches, streetlights, café/ coffee shop, and a beauty/barbershop. Resident suites appear, as individual apartments with windows overlooking the street area. The facility has a dining area, activity room, administrative offices, medication/pharmacy room and laundry room.

On 11/26/2006, a final certificate of occupancy by the city of Alpena building inspector/zoning administrator was issued to this assisted living facility.

The facility has a municipal water and sewer system. An environmental inspection by District Health Department # 4 was completed on 03/18/2008, with the facility found to be in substantial compliance of applicable rules at that time.

The facility is equipped with a sprinkled fire suppression system and an interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Full Fire Safety Approval by the Department of Labor and Economic Growth, Bureau of Construction Codes and Fire Safety was granted on 02/06/2008.

The furnace and hot water heater are located in a basement 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 has 20 private residential suites consisting of; a sitting room; full bathroom with handicapped accessible shower; and a kitchenette area with a microwave and sink.

Resident Suites, have the following dimensions in their bedrooms and individual private sitting rooms. Bedrooms ten (10) and twenty (20) will be licensed for two resident beds. All other suites will be licensed for a maximum of one resident bed.

Bedroom	Sitting Room	Bedroom Dimensions	Total Square Footage	Total Resident Beds
One	20.33 x 10.83	11. 25 x 6.33	291 square feet	One
Two	20.17 x 10.33	6.83. x 11.17	294 square feet	One
Three	20.17 x 10.83	11.25 x 7	294 square feet	One
Four	20.17 x 10.83	6.92 x 11.17	295 square feet	One
Five	20.17 x 10.83	11.25 x 7	294 square feet	One
Six	20.17 x 10.83	11.25 x 7	294 square feet	One
Seven	20.17 x 10.83	11.25 x 7	294 square feet	One
Eight	20.17 x 10.83	11.25 x 6.83	295 square feet	One
Nine	20.17 x 10.83	11.25 x 7.17	299 square feet	One
Ten	20.25 x 10.50	10.5 x 9.17	306 square feet	Two
Eleven	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Twelve	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Thirteen	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Fourteen	20.25 x 10.83	11.17 x 6.83	295 square feet	One

Fifteen	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Sixteen	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Seventeen	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Eighteen	20.25 x 10.83	11.17 x 6.83	295 square feet	One
Nineteen	20.25 x 10.83	11.17 x 7.08	298 square feet	One
Twenty	22.58 x 14.33	11.17 x 10.58	337 square feet	Two

The activity, and dining, room areas measure a total of 1173 square feet of common area 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 over twenty (20) residents. However, it is the licensee's responsibility not to exceed the facility's licensed capacity of twenty (20) residents.

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 twenty (20) male or female ambulatory adults whose diagnosis is aged and or Alzheimer's Disease, 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 the community.

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 assure transportation for program and medical needs. 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 hospitals, senior centers, libraries, local museums, shopping centers, and local parks.

A monthly calendar of events recreational opportunities in the facility is posted in the facility activity/café/coffee shop area and a copy of the monthly events is given to residents monthly. Activities include but are not limited to bingo, classes in jewelry making, fishing fly classes, daily devotion, fitness exercise classes, gardening classes, kick ball and chair hockey in the town square.

C. Applicant and Administrator Qualifications

The applicant is Retirement Living Management of Alpena, LLC., which is a “Domestic Limited Liability Company”, that was established in Michigan, on 10/07/2005. 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 Retirement Living Management of Alpena, L.L.C. has submitted documentation appointing Mr. Paul Wyman as Licensee Designee, and Carolynne Wegmeyer as the administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee or the administrator. The licensee designee/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 20 bed facility is adequate and includes a minimum of two (2) staff to twenty (20) residents per daytime hours and one (2) staff to (20) residents during normal sleeping hours.

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.

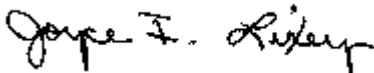
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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.

IV. RECOMMENDATION

I recommend issuance of a Temporary License to this adult foster care large group home with a maximum capacity of 20 residents.



04/11/2008

Joyce Lixey
Licensing Consultant

Date

Approved By:



04/11/2008

Christopher J. Hibbler
Area Manager

Date