



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

March 13, 2009

Connie Mayer
9201 Lakeside Drive
Perrinton, MI 48871

RE: Application #: AF290298715
Connie's Lakeside Elder Care
9201 Lakeside Drive
Perrinton, MI 48871

Dear Ms. Mayer:

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 4 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 (517) 241-2585.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Timm".

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF290298715
Applicant Name:	Connie Mayer
Applicant Address:	9201 Lakeside Drive Perrinton, MI 48871
Applicant Telephone #:	(989) 533-9028
Administrator:	N/A
Name of Facility:	Connie's Lakeside Elder Care
Facility Address:	9201 Lakeside Drive Perrinton, MI 48871
Facility Telephone #:	(989) 533-9028
Application Date:	10/21/2008
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

10/21/2008	Enrollment
10/22/2008	Application Incomplete Letter Sent
11/05/2008	Comment app filled out
11/06/2008	Application Incomplete Letter Sent
11/12/2008	Inspection Report Requested - Health Inv. #1014994
11/12/2008	Application Incomplete Letter Sent Environmental
11/12/2008	File Transferred To Field Office Lansing Office
11/14/2008	Application Incomplete Letter Sent
11/24/2008	Contact - Telephone call made to Connie Mayer answered questions related to app incomplete letter sent
12/02/2008	Inspection Completed-Env. Health : A
01/21/2009	Application Complete/On-site Needed
01/21/2009	Inspection Completed On-site
01/21/2009	Inspection Completed-BFS Sub. Compliance
02/13/2009	Inspection Completed- BFS Sub. Compliance
02/17/2009	Inspection Completed- BFS Sub. Compliance
02/27/2009	Inspection Completed- BFS Full Compliance
03/09/2009	Contact- Document Received from Connie Mayer

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large ranch style family home with vinyl siding built on a cement slab. The home is located in a residential neighborhood surrounding Rainbow Lake in Perrinton, Michigan. There is space for staff and visitor parking in the driveway and along the street. Attached to the home is a four-car garage with concrete floors and storage space. The facility has a walk-out deck built off of the licensee's master bedroom. The deck overlooks a half-court basketball court and the river leading into Rainbow Lake. There is a wooden staircase leading from the deck down to the ground. The deck will be used by residents.

The main level of the facility has a laundry room, small breakfast nook which seats four, large kitchen, dining area which seats six (134.2 square feet), one full bathroom, one half-bathroom, two resident bedrooms and a resident living room (281.88 square feet). All of these areas are available for resident use and provides more than the required 35 square feet per resident. The master bedroom and bathroom is also located on the first floor and will be occupied by the applicant and not available for resident use other than to walk through the bedroom to get to the deck. The home is not wheelchair accessible.

The resident bedrooms measure as follows:

Bedroom #1	14' x 10'9" = 150.50 square feet	(two residents)
Bedroom #2	14' x 11'9" = 164.50 square feet	(two residents)

The basement is partially finished and spans the length of the home, but is not approved for resident use. The heat plant and water heater are both located in the basement and are separated from the remainder of the home by a 20-minute fire-rated door that is equipped with an automatic self-closing device and positive latching hardware and is installed in a fully stopped frame. The facility is equipped with an interconnected smoke detection system and has smoke detectors in each bedroom, hallway, kitchen, and living area. Fire extinguishers are located on the main floor and in the basement.

The facility has private water and public sewage. The Mid-Michigan District Health Department inspected the water supply on 12/05/2008 and the facility received an "A" rating.

B. Program Description

The facility will provide 24 hour-supervision, protection, and personal care for four (4), aged male or female residents. The program will include the opportunity to socialize with one another and staff members through board games, puzzles, movies, and reading. The applicant plans to utilize local community resources including the library

and shopping centers to enhance the quality of life and increase the independence of each resident.

Mrs. Mayer is the licensee for this facility. A licensing record clearance was completed with no LEIN convictions recorded for both the applicant and the responsible person. The applicant and responsible person submitted a medical clearance request documenting that no physical or mental health conditions exist that would limit their ability to work with or around dependent adults. Current negative TB test results were also obtained for both the applicant and the responsible person.

The applicant has sufficient resources to provide for the care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Mrs. Mayer has worked in adult foster care facilities and nursing home as a direct caregiver and as a Certified Nurses Aide since she was a teenager. She is currently employed in an assisted living facility. A reference letter was submitted for Mrs. Mayer from a previous employer. The letter verified Mrs. Mayer's experience in field of adult foster care and exemplified her excellent performance with residents.

Mrs. Mayer acknowledges the understanding of the requirement that she must reside in the home to maintain this category license type. She also acknowledged an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mrs. Mayer reports that all resident and employee files will be kept on the facility grounds.

C. 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 family home with a capacity of four (4) residents.



03/13/2009

Dawn N. Timm
Licensing Consultant

Date

Approved By:



3/13/09

Betsy Montgomery
Area Manager

Date