



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 23, 2010

Elizabeth Gillespie
Orchard Hill Enterprises Inc.
6224 Chief Road
Brethren, MI 49619

RE: Application #: AM530268996
Whippoorwill Knoll
1140 W. US 10
Scottville, MI 49454

Dear Ms. Gillespie:

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 12 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 (616) 356-0662.

Sincerely,

Edna E. Albert, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0662

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM530268996
Applicant Name:	Orchard Hill Enterprises Inc.
Applicant Address:	6224 Chief Road Brethren, MI 49619
Applicant Telephone #:	231 889-4287
Administrator	Elizabeth Gillespie
Licensee Designee:	Elizabeth Gillespie
Name of Facility:	Whippoorwill Knoll
Facility Address:	1140 W. US 10 Scottville, MI 49454
Facility Telephone #:	(231) 757-9401
Application Date:	08/02/2004
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/02/2004	Enrollment
08/05/2004	Inspection Report Requested - Health
08/05/2004	Inspection Report Requested - Fire
08/13/2004	Contact - Telephone call made To applicant
08/30/2004	Inspection Completed-Environmental Health : C Major well repairs needed
09/10/2004	Inspection Completed On-site
09/10/2004	Inspection Completed-BFS Sub. Compliance
10/14/2004	Corrective Action Plan Received
10/14/2004	Corrective Action Plan Approved
11/17/2004	Contact - Telephone call received From applicant
11/17/2004	Application Incomplete Letter Sent
11/17/2004	Inspection Report Requested - Health
12/06/2004	Inspection Completed-Environmental Health : A
07/13/2005	Inspection Report Requested - Fire
04/10/2006	Contact - Telephone call received From applicant regarding submission of architectural plans.
04/10/2006	Contact - Telephone call made To applicant
08/23/2007	Application Incomplete Letter Sent
12/21/2007	Contact - Document Sent Application incomplete letter sent
06/06/2008	Contact - Telephone call made To Orchard Hill Enterprises regarding status of application
12/21/2007	Application Incomplete Letter Sent

10/01/2008	Contact – Document received
10/16/2008	Application Incomplete Letter sent
03/17/2009	Application Incomplete Letter sent
03/18/2009	Contact – Document Received From applicant
03/18/2009	Contact – Documents forwarded To BFS Plan Review
05/07/2009	Contact – Telephone call To applicant
06/25/2009	Contact – Face to face With applicant
07/16/2009	Inspection Completed – Fire Safety : A
07/20/2009	Inspection Report Requested – Health
07/20/2009	Application Incomplete Letter Sent
07/28/2009	Contact – Telephone call made To applicant
08/31/2009	Inspection Completed – Environmental Health : B
09/01/2009	Inspection Completed On-site
10/16/2009	Application Incomplete Letter Sent
10/07/2009	Contact – Telephone call made To applicant
11/25/2009	Contact – Telephone call made To applicant
12/10/2009	Inspection Report Requested – Health
01/05/2010	Contact – Document received Record Clearance for newly appointed administrator
01/15/2010	Inspection Completed – Environmental Health : A

01/15/2010	Application Incomplete Letter Sent
01/24/2010	Contact – Document received From applicant appointment of new administrator
01/26/2010	Application Completed / On-site needed
01/26/2010	Inspection completed on-site

III. DESCRIPTION OF FINDINGS & CONCLUSION

A. Physical Description of Facility

The structure is a stick built bi-level building with no basement level. It is located on a large lot on US 10 about three miles west of the village of Scottville and about 7 miles east of the city of Ludington. The entrance of the building leads into the foyer/office area. Two steps down from the foyer, is the lower level of the building. The lower level consists of four bedrooms, a living room and a full bathroom. Two steps up from the foyer is the upper level. The upper level consists of two resident bedrooms, a full bathroom, utility room, kitchen and dining room.

The building is not wheelchair accessible and will not be admitting residents who have mobility impairments.

The water and sewage system at this facility are provided from a private well and septic system.

The facility has two propane furnaces. One furnace and the hot water heater are located in the utility room on upper level. This furnace and hot water heater is in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. A second furnace is located on the lower level, in the area of the facility office. The furnace is in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm 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	12 x 12.3	147.6	2
2	12 x 10.17 + 4.42 x 2.33	132.29	2
3	10.08 x 17.33	174.68	2
4	14.58 x 11.42	166.5	2
5	12.66 x 11.42	144.5	2
6	10.92 x 11.66 + 6.83 x 3.75	152.9	2

The living, dining, and sitting room areas measure a total of 649 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

Note: This facility had been previously licensed as a 12-bed, medium group home known as Whippoorwill Knoll with the license number: AM530081469. However, there has been a change of ownership and it will now be operating under the new licensee, Orchard Hill Enterprises Inc. as a 12-bed, medium group home also known as Whippoorwill Knoll.

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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Mason County-DHS, Mason County CMH, or private pay individuals, as a referral source.

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 the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

The applicant is Orchard Hill Enterprise, Inc., which is a "For Profit Corporation", established in Michigan, on 11/17/1983. 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 Orchard Hill Enterprise, Inc., has submitted documentation appointing Elizabeth Gillespie as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Gillespie, the licensee designee / administrator. Ms. Gillespie submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee / administrator 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 12 bed facility is adequate and includes a minimum of 2 staff –to- 12 residents per daytime shift and 1 staff –to- 12 residents during sleeping shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee's 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 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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

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.

