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

JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 28, 2010

Linda Morgan
Woodhaven Senior Residents Inc
21071 Tiffany Drive
Woodhaven, MI 48183

RE: Application #: AS820304894
Woodhaven Senior Residents - Rockwood
20092 Candace
Rockwood, MI 48173

Dear Ms. Morgan:

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 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 (313) 456-0380.

Sincerely,



Vanita C. Bouldin, Licensing Consultant
Bureau of Children and Adult Licensing
22 Center Street
Ypsilanti, MI 48198
(734) 481-8418

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820304894
Applicant Name:	Woodhaven Senior Residents Inc
Applicant Address:	21071 Tiffany Drive Woodhaven, MI 48183
Applicant Telephone #:	(734) 778-2133
Administrator/Licensee Designee:	Mindy Morgan, Designee
Name of Facility:	Woodhaven Senior Residents - Rockwood
Facility Address:	20092 Candace Rockwood, MI 48173
Facility Telephone #:	(734) 778-2133
Application Date:	09/24/2009
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

09/24/2009	Enrollment
09/28/2009	Application Incomplete Letter Sent 1326 - Kathy Rehse; Corporation paperwork
10/26/2009	Contact - Document Received 1326 - Kathryn; Corporation paperwork
10/27/2009	Lic. Unit file referred for criminal history review Kathryn Rehse
11/05/2009	Contact - Document Sent Law & rules books
11/05/2009	File Transferred To Field Office Ann Arbor Office
11/10/2009	Application Incomplete Letter Sent
04/07/2010	Inspection Completed-BCAL Sub. Compliance
04/07/2010	Application Incomplete Letter Sent
04/23/2010	Contact - Document Sent Sent ltr requesting personnel policies, admission, discharge policies corrections
06/25/2010	Inspection Completed – BCAL Full Compliance
06/28/2010	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Woodhaven Senior Residents, Rockwood adult foster care home is located in a residential area in Rockwood, MI. The home is a single story structure with a full basement and detached garage. The first floor of the home consists of a living room, dining room, kitchen, 1 full bathroom and three bedrooms.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.4 X 11.5	130	2
2	15.5 X 13.0	201	2
3	11.6 X 13.4	155	2

The living, dining, and sitting room areas measure a total of 284 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 ambulatory adults whose diagnosis is 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.

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 is Woodhaven Senior Residents, Inc., which is a "For Profit Corporation" was established in Michigan, on 05/11/2006. 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.

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. All staff shall be awake during 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.

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.

VI. RECOMMENDATION

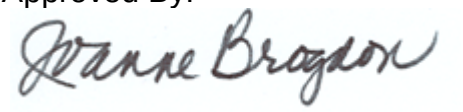
I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).



Vanita C. Bouldin, LMSW
Licensing Consultant

Date: 06/28/2010

Approved By:



Joanne S. Brogdon
Area Manager

Date: 6/30/2010