



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

March 22, 2011

Pamela Wicks  
Leisure Living Management  
of Grand Rapids, Inc.  
Suite 220  
6140 28 Street SE  
Grand Rapids, MI 49546

RE: Application #: AL410305473  
Whispering Woods #5  
3964 Whispering Way  
Grand Rapids, MI 49546

Dear Ms. Wicks:

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa Avenue, N.W.  
Grand Rapids, MI 49503-2337  
Desk: (616) 356-0111

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410305473

**Applicant Name:** Leisure Living Management of Grand Rapids, Inc.

**Applicant Address:** Suite 220  
6140 28 Street SE  
Grand Rapids, MI 49546

**Applicant Telephone #:** (616) 464-6122

**Administrator/Licensee Designee:** Pamela Wicks, Designee

**Name of Facility:** Whispering Woods #5

**Facility Address:** 3964 Whispering Way  
Grand Rapids, MI 49546

**Facility Telephone #:** (616) 949-9500  
11/02/2009

**Application Date:**

**Capacity:** 20

**Program Type:** AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

11/02/2009	Enrollment
11/04/2009	Inspection Report Requested - Health
11/04/2009	Inspection Report Requested - Fire
11/04/2009	Contact - Document Sent Rule & ACT Books & Fire Safety String
11/04/2009	File Transferred To Field Office Grand Rapids
11/19/2009	Application Incomplete Letter Sent
11/23/2009	Inspection Completed-Environmental Health : B
12/18/2009	Contact - Document Received Received portion of the requested documentation.
12/30/2009	Application Incomplete Letter Sent
02/01/2010	Contact - Document Received Received corrective action plan in response to environmental health inspection.
02/22/2010	Application Incomplete Letter Sent
03/31/2010	Contact - Document Received Received portion of the documents requested in my 02/22/2010 letter.
04/01/2010	Application Incomplete Letter Sent
04/14/2010	Contact - Document Received Received requested documents.
01/14/2011	Inspection Completed-Fire Safety : D
01/19/2011	Inspection Report Requested - Health
01/19/2011	Inspection Completed-Fire Safety : A
02/22/2011	Inspection Completed-Environmental Health : A
03/08/2011	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This stick-built facility is located on the Whispering Woods campus and is close to commercial businesses and public transportation. It is a one-story building with 21 bedrooms. Four of the bedrooms share bathrooms but the rest have private bathrooms. The dining room, theater, and kitchen are located on the main floor. The facility is wheelchair accessible and has more than two acceptable means of egress. Gently sloped cement pads are present in place of wheelchair ramps. The facility is serviced by public water and sewer.

The boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with an acceptable fire 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 backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and sprinkler system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
17 bedrooms with these dimensions:	14'6" x 9' minus 2' x 4'1"(closet)	122.3	1 each
4 bedrooms with these dimensions:	11' x 11'6"	126.5	1 each

The dining and media room areas measure a total of 959.76 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** 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. The applicant intends to provide 24-hour supervision, protection and personal care to **twenty (20)** male or female adults whose are physically handicapped and/or aged. 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 private pay referrals.

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 does not intend to routinely transport residents to and from medical appointments. 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 Leisure Living of Grand Rapids, Inc., which is a "For Profit Corporation" established in Michigan, on 12/29/1986. 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 Leisure Living Management of Grand Rapids, Inc. has submitted documentation appointing Pamela Wicks as Licensee Designee and administrator for this facility.

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

The licensee designee/administrator has 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 1 staff –to- 20 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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](http://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.

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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



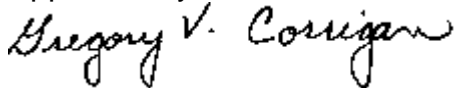
03/22/2011

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Leon M. Hale  
Licensing Consultant

Date

Approved By:



03/22/2011

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Gregory V. Corrigan  
Area Manager

Date