



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 22, 2011

Regina Greene  
Woodland Park Assisted Living  
2361 Stonebrook Ct.  
Flushing, MI 48433

RE: Application #: AM250309137  
Woodland Park Assisted Living  
2363 E. Coldwater Road  
Flint, MI 48505

Dear Ms. Greene:

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 (248) 975-5053.

Sincerely,

Kent W Gieselman, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 110  
1388 W. Bristol Rd.  
Flint, MI 48507  
(810) 787-7034

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250309137
<b>Applicant Name:</b>	Woodland Park Assisted Living
<b>Applicant Address:</b>	2363 E. Coldwater Rd. Flint, MI 48433
<b>Applicant Telephone #:</b>	(810) 785-9940
<b>Administrator/Licensee Designee:</b>	Regina Greene
<b>Name of Facility:</b>	Woodland Park Assisted Living
<b>Facility Address:</b>	2363 E. Coldwater Road Flint, MI 48505
<b>Facility Telephone #:</b>	(810) 785-9940
<b>Application Date:</b>	06/25/2010
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

06/25/2010	Enrollment
06/30/2010	Inspection Report Requested - Fire
06/30/2010	Inspection Report Requested - Health Inv. #1017545
06/30/2010	Application Incomplete Letter Sent
07/01/2010	Contact - Document Received Record clearance
07/08/2010	Contact - Document Sent Rules & Act booklets
07/12/2010	Application Incomplete Letter Sent
03/15/2011	Inspection Completed-Env. Health : A
09/06/2011	Inspection Completed-Fire Safety : A
09/08/2011	Inspection Completed On-site
09/08/2011	Inspection Completed-BCAL Full Compliance
09/08/2011	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single level building located in a residential area on the north side of the city of Flint Michigan. This facility is currently licensed as an adult foster care facility with a capacity of six residents. The applicant has added a new wing on the west side of this facility with two new full bathrooms, and 12 individual bedrooms. The applicant will be moving the existing residents to the new bedrooms upon licensure, and then will admit new residents to the remaining bedrooms. The existing three resident bedrooms on the east side of this facility will be converted in to employee and administrative office space.

The furnaces and hot water heaters are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. 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. A residential sprinkler system has been installed giving full coverage to the facility.

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

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom #1	13'X10'	130 sq. ft.	1
Bedroom #2	13'X10'	130 sq. ft.	1
Bedroom #3	13'X10'	130 sq. ft.	1
Bedroom #4	13'X10'	130 sq. ft.	1
Bedroom #5	13'X10'	130 sq. ft.	1
Bedroom #6	13'X10'	130 sq. ft.	1
Bedroom #7	13'X10'	130 sq. ft.	1
Bedroom #8	13'X10'	130 sq. ft.	1
Bedroom #9	13'X10'	130 sq. ft.	1
Bedroom #10	13'X10'	130 sq. ft.	1
Bedroom #11	13'X10'	130 sq. ft.	1
Bedroom #12	13'X10'	130 sq. ft.	1
<b>Total Capacity = 12 residents</b>			

The living, dining, and sitting room areas measure a total of 573 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 twelve (12) 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 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.

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 Woodland Park Assisted Living LLC., which is a “Domestic Limited Liability Company”, was established in Michigan on 10/20/2006. 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.

The Board of Directors of Woodland Park Assisted Living, L.L.C. has submitted documentation appointing Regina Greene as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee/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/ 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 12-bed facility is adequate and includes a minimum of 1 staff-to-11 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](http://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 and Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



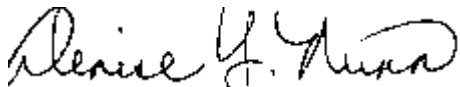
9/22/2011

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



9/22/2011

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Denise Y. Nunn  
Area Manager

Date