



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 30, 2012

Elaine Ludeman  
1562 N Saginaw St  
Lapeer, MI 48446

RE: Application #: AF440316409  
Whispering Willow II  
1562 N Saginaw St  
Lapeer, MI 48446

Dear Ms. Ludeman:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Kathryn A. Huber, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF440316409

**Applicant Name:** Elaine Ludeman

**Applicant Address:** 1562 N Saginaw St  
Lapeer, MI 48446

**Applicant Telephone #:** (810) 245-8998

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Whispering Willow II

**Facility Address:** 1562 N Saginaw St  
Lapeer, MI 48446

**Facility Telephone #:** (810) 245-8998  
11/28/2011

**Application Date:**

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

11/28/2011	Enrollment
12/05/2011	Inspection Report Requested - Health
12/12/2011	Application Incomplete Letter Sent
01/09/2012	Application Complete/On-site Needed
01/11/2012	Inspection Completed-Env. Health : A didn't receive until 03/22/2012
01/24/2012	Inspection Completed On-site
01/27/2012	Inspection Completed-BCAL Sub. Compliance
02/14/2012	Contact - Telephone call made Lapeer County Environmental Health Sanitarian Charles Hughes
02/15/2012	Contact - Telephone call received Received phone call from Charles Hughes, Lapeer EH.
03/22/2012	Inspection Completed –Env. Health: A Environmental Health Report indicated sewage disposal system upgraded.
04/26/2012	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property at 1562 N. Saginaw, Lapeer, MI 48446 is owned by Daniel and Elaine Ludeman. Whispering Willow II is a ranch style house built on a basement. Whispering Willow II is located in Township of Mayfield, located in west-central Lapeer County, adjacent to the City of Lapeer. This home was built in 1999 and has central air conditioning.

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. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 SE	10.41 X 11	114.51	1 resident
#2 NE	10.41 X 12.25	127.52	1 resident
#3 NW	17.6 X 19.3	339.68	3 residents

The living, dining, and sitting room areas measure a total of 457 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 five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, developmentally disabled, or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

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

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (5) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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.cogentid.com/mi/index](http://www.cogentid.com/mi/index)), Cogent Systems™ (formerly L 1 Identity Solutions®), 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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee,

responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

#### **D. Rules/Statutory Violations**

The applicant is 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 family home (capacity 5).

*Kathryn A. Huber*

04/30/2012

---

Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

04/30/2012

---

Jerry Hendrick  
Area Manager

Date