



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 1, 2013

Jason Burghart  
White Oaks, A Randall Residence  
300 White Oak Road  
Lawton, MI 49065

RE: Application #: AL800315839  
White Oaks Assisted Living - II  
300 White Oak Road  
Lawton, MI 49065

Dear Mr. Burghart:

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 effective 04/01/2013.

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,

Donna Konopka, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL800315839

**Applicant Name:** White Oaks, A Randall Residence

**Applicant Address:** 300 White Oak Road  
Lawton, MI 49065

**Applicant Telephone #:** (269) 624-4811

**Administrator/Licensee Designee:** Jason Burghart

**Name of Facility:** White Oaks Assisted Living - II

**Facility Address:** 300 White Oak Road  
Lawton, MI 49065

**Facility Telephone #:** (269) 624-4811

**Application Date:** 10/24/2011

**Capacity:** 20

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

## II. METHODOLOGY

|            |   |
|------------|---|
| 10/24/2011 | Enrollment  |
| 10/28/2011 | Contact - Document Sent<br>Rules & Act booklets   |
| 10/28/2011 | Inspection Report Requested - Health<br>Inv. #1019416   |
| 10/28/2011 | Inspection Report Requested - Fire  |
| 11/04/2011 | Application Incomplete Letter Sent  |
| 11/21/2011 | Inspection Completed-Env. Health : A  |
| 02/15/2012 | Contact - Face to Face<br>Met with Licensee Designee to discuss application incomplete<br>letter  |
| 11/09/2012 | Contact - Document Received<br>Policies submitted for review  |
| 12/19/2012 | Contact - Face to Face<br>Met with Licensee Designee to review policies and discuss<br>progress on the license.   |
| 02/15/2013 | Inspection Report Requested - Health  |
| 02/28/2013 | Inspection Completed-Env. Health : A  |
| 03/15/2013 | Inspection Completed On-site  |
| 03/18/2013 | Inspection Completed-Fire Safety : A<br>Email received on 02/19/2013 from BFS indicating a plan review<br>was not required under the new rules and to use the last BFS<br>inspection report |
| 0321/2013  | Inspection Completed-Fire Safety: A<br>New report received from BFS fire inspector  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The building is a single story structure that houses White Oaks Assisted Living II, White Oaks Assisted Living II and a 20 bed unlicensed assisted living program. White Oaks Assisted Living II is located northeast side of the building. The building is located in the

Village of Lawton, MI. The facility has 20 bedrooms that include a full bathing facility within each room. The facility has a spa room that provides for whirlpool baths. The rooms are numbered 101-120. Each room is designated for single occupancy. The facility's food is prepared in a commercial kitchen located in White Oaks Assisted Living I, but the facility has a small, but fully equipped kitchen located within the living area of White Oaks Assisted Living II. The kitchen is used for warming food and storage of snacks. There is an activity room, dining/kitchen area and sitting room located in the center of the facility. The facility is wheelchair accessible.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 101 – 106 | 10'3" x 11'10"  | 121                  | 1 (x 6)             |
| 107 – 120 | 15'8" x 11'10"  | 185                  | 1 (x 14)            |

The activity room and sitting room areas measure a total of 811 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility utilizes public water and sewage systems. The facility received an A rating from the Van Buren Co. Environmental Health Department on 02/22/2013.

The facility is equipped with interconnected, hardwired 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. The facility is fully sprinkled. The Bureau of Fire Services has found the facility to be in compliance with their applicable rules.

This is a facility specializing in care for residents with dementia and Alzheimer's disease. The doors are locked to prevent immediate egress by residents. The doors will open by means of a pass code known to staff, when pressure is applied to the door handle for 15 seconds, when there is a loss of power, when the fire alarm goes off or if staff pushes a panic button. The system has been approved by the Bureau of Fire Services and is inspected by them on an annual basis to assure that all components of the system are working properly.

This is a change of ownership/licensee, but the facility itself has been licensed since 01/05/1981. The most recent Bureau of Fire Services (BFS) inspection report was dated 03/14/2012. Brian Byelich of the BFS Plan Review Division reported on 02/19/2013 that under the new BFS rules plan reviews are no longer required on facilities undergoing a change of ownership; that the fire inspector will conduct the next annual inspection based on the new rules.

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.

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 as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twenty (20)** male and female adults who are aged, 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 private pay private pay individuals.

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 for transportation for program and medical needs as identified in the Resident Care Agreement. The facility will make provisions 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 White Oaks, A Randall Residence, which is a "For Profit Corporation" established in Michigan, on 10/01/2008. 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. This is a change of ownership as the previous owners, Charles and Barbara Randall, are getting the license in the name of their corporation.

The Board of Directors of White Oaks, A Randall Residence has submitted documentation appointing Jason Burghart as Licensee Designee and as Administrator of the facility.

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

Mr. Burghart has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He is currently the Licensee Designee and Administrator for this facility, which is undergoing a change of ownership/licensee.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 3 staff 2 to 20 residents from 6 am to 10pm and 2 staff to 20 residents from 10pm to 6am. 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.

#### **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 six-month temporary license to this adult foster care large group home (capacity 20).

*Donna Konopka*

03/29/2013

---

Donna Konopka  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

03/29//2013

---

Jerry Hendrick  
Area Manager

Date