



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 21, 2014

Stephanie Hildebrant  
Wood Care X, Inc., d/b/a Caretel Inns of Linden  
910 S. Washington Ave.  
Royal Oak, MI 48067

RE: Application #: AL250331306  
Degas House Inn  
202 S Bridge Street  
Linden, MI 48451

Dear Ms. Hildebrant:

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, please feel free to contact the local office at (517) 284-9720.

Sincerely,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1220

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250331306
<b>Applicant Name:</b>	Wood Care X, Inc., d/b/a Caretel Inns of Linden
<b>Applicant Address:</b>	910 S. Washington Ave. Royal Oak, MI 48067
<b>Applicant Telephone #:</b>	(248) 543-7300
<b>Administrator/Licensee Designee:</b>	Stephanie Hildebrant, Designee
<b>Name of Facility:</b>	Degas House Inn
<b>Facility Address:</b>	202 S. Bridge Street Linden, MI 48451
<b>Facility Telephone #:</b>	(810) 735-9400
<b>Application Date:</b>	07/02/2012
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

07/02/2012	Enrollment
07/05/2012	Application Incomplete Letter Sent FP for Stephanie
07/31/2012	Inspection Report Requested - Fire
07/31/2012	Inspection Report Requested - Health inv 1020514
08/21/2012	Application Incomplete Letter Sent
02/13/2014	Inspection Completed-Fire Safety : A full approval
02/18/2014	Inspection Completed On-site
03/05/2014	Inspection Report Requested - Health
04/07/2014	Inspection Completed -Enviro Health : A
04/21/2014	Recommend License Issuance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The Wood Care X, Inc. facility is located at 202 S. Bridge Street in the City of Linden. The structure is a large purpose-built multiple use building that includes three existing 20-bed adult foster care facilities, a nursing home, and professional offices. The structure also contains space for services that would be desired by the residents. This includes a beauty shop, movie house, ice cream shop and possibly other services in the future. The building is fully accessible to physically handicapped persons.

The facility shares an industrial kitchen, physical therapy area, and various other onsite amenities with the attached facilities. The Degas House Inn wing consists of a large dining area, meal preparation area, private dining area for visiting families, a large sitting area and a large gathering area. Each bedroom is equipped with a full bathroom with barrier free accessibility. The facility has adequate storage areas. There is adequate parking for staff and visitors.

Each bedroom is equipped with its own furnace, located in the bedrooms attic space. The facilities hot water heaters are located on the main floor. Floor separation is achieved by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with laundry facilities. 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. The facility has a municipal sewer and water system. The facility was inspected by the Genesee County Health Department on April 07, 2014. The facility was determined to be in substantial compliance with all applicable rules.

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

<b>BEDROOM #</b>	<b>Room DIMENSIONS (irregular shapes)</b>	<b>Total square FOOTAGE</b>	<b>Total Resident Beds</b>
Bedroom B701 - 1	26 x 14'8	381	1
Bedroom B702 - 2	26 x 14'2	368	1
Bedroom B703 - 3	28 x 15'4	429	1
Bedroom F704 - 4	26 x 19	494	1
Bedroom B705 - 5	26 x 19'2	498	1
Bedroom B706 - 6	26 x 15	390	1
Bedroom B707 - 7	26 x 14'10	385	1
Bedroom G708 - 8	24 x 22'4	535	1
Bedroom B709 - 9	26 x 15'4	398	1
Bedroom B710 - 10	26 x 14	364	1
Bedroom C711 - 11	27'6 x 14'2	389	1
Bedroom B712 - 12	26 x 15'10	411	1
Bedroom G713 - 13	23 x 23'6	540	1
Bedroom B714 - 14	26 x 12'6	325	1
Bedroom B715 - 15	26 x 15'4	398	1
Bedroom C716 - 16	27'8 x 14'2	391	1

Bedroom B717 - 17	26 x 11'10	307	1
Bedroom H718 - 18	25'8 x 26	749	2

The bedrooms in the facility all contain a small kitchenette and full bathroom. These spaces were not included in the bedroom measurements.

The facility has a large gathering area that measures 400 square feet of living area. There is also a family visiting area that measures an additional living space of 176 square feet. The sitting area measures 400 square feet of living space. This amount meets the requirements of this rule.

The large dining room measures 531 square feet. This area is large enough to accommodate 20 residents. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The facility was inspected and given full approval by the Bureau of Fire Safety on 02/13/2014. It is equipped with a full sprinkler system, integrated smoke alarm system and all required fire safety equipment.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **20** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant, Wood Care X, Inc. submitted a copy of the required documentation to the consultant. 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 20 male or female ambulatory or non-ambulatory adults, aged 55 and over, whose diagnoses are Aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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.

Wood Care X, Inc. will ensure that the resident's transportation and medical needs are met. Wood Care X, Inc. has transportation available for residents to access community-based resources and services. 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**

On 07/03/2012, Wood Care X, Inc. submitted an application to provide foster care services to 20 adults at 202 S. Bridge St. Linden, MI.

The applicant, Wood Care X, Inc., which is a "Domestic Profit Corporation," was established in Michigan, on 01/27/1988. 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 corporation currently has three existing adult foster care licenses, operable since 2008, on the same property.

Wood Care X, Inc. submitted a written statement naming Stephanie Hildebrant as the licensee designee and facility administrator. She submitted a licensing record clearance request that was completed with no LEIN convictions recorded. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. She 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 15 residents per shift during waking 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 1-to-15 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.

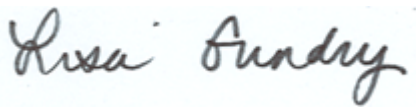
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested

#### **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 large group home (capacity 13-20).



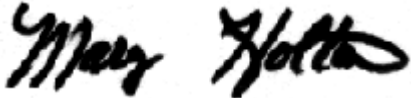
4/21/14

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



4/30/14

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Mary E Holton  
Area Manager

Date