



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 29, 2014

Deborah Pettyplace
The Barton Woods Group, Inc.
8100 Wegner Lane
Freeland, MI 48623

RE: Application #:	AL730352302 Barton Woods Assisted Living East 9472 Kochville Road Freeland, MI 48623
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Dear Ms. Pettyplace:

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,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 293-6338

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730352302
Applicant Name:	The Barton Woods Group, Inc.
Applicant Address:	8100 Wegner Lane Freeland, MI 48623
Applicant Telephone #:	(989) 695-2014
Administrator/Licensee Designee:	Deborah Pettyplace, Designee
Name of Facility:	Barton Woods Assisted Living East
Facility Address:	9472 Kochville Road Freeland, MI 48623
Facility Telephone #:	(989) 695-5380
Application Date:	11/04/2013
Capacity:	20
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/04/2013	Enrollment
11/20/2013	Application Incomplete Letter Sent FP/Deborah.
11/20/2013	Contact - Document Sent Act & Rules.
01/03/2014	Inspection Report Requested – Health Inv.1022472.
01/03/2014	Inspection Report Requested - Fire
01/03/2014	Contact - Document Sent Fire Safety string.
01/03/2014	Application Complete/On-site Needed
01/03/2014	File Transferred To Field Office Saginaw.
04/24/2014	Inspection Completed On-site walked thru partially finished building with Deb Pettyplace.
06/02/2014	Contact - Telephone call made to applicant regarding their voicemail message.
07/14/2014	Inspection Completed On-site
07/16/2014	Contact - Telephone call received from Debi Pettyplace.
07/22/2014	Contact - Telephone call made Saginaw Co Health Department Requesting the Inspection.
07/22/2014	Inspection Report Requested – Health follow-up inspection request.
07/17/2014	Inspection Completed-Environmental Health : A
07/25/2014	Inspection Completed-Fire Safety : A
07/28/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Barton Woods Assisted Living East is a newly constructed twenty bed facility separated by a fire wall and corridor from the original Barton Woods Assisted Living, which is licensed as a twenty bed facility. The facility is a ranch style facility located at 9472 Kochville Road, Freeland, Michigan. Barton Woods Assisted Living East is built on a crawl space, where the furnaces are located. The facility has a private court yard so that the residents can sit outside to visit or garden as they like. The facility has the amenities of an activity room for arts and crafts, a physical therapy room as needed and a private dining room in case residents wish to have a private meal with their relatives or friends. There is a large gathering room and dining room as well as a more intimate sitting area to visit in. The lobby entrance has a seating area for residents to visit in. The facility is located centralized to the Tri Cities area. The facility is wheelchair accessible, and all exits are handicap accessible. There is ample off street parking for staff and visitors in their paved parking lot.

The furnaces are located in a poured concrete crawl space under the building, which is fully sprinkled. The furnaces rooms in the crawl space are constructed of material that has a 1-hour-fire-resistance rating. The building has three layers of sprinkler systems, underneath the building, inside the building and in the trusses under the roof. There are also sprinkler systems under the drive under canopy at the entry door. The hot water heaters are on the main level of the facility in two separate rooms with nothing else located or stored inside those rooms. 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 is also automatically connected to a back-up generator in case of power failure.

There are twenty resident bedrooms in the facility with two different room measurements. There are 18 single occupancy rooms with private bathrooms and 2 kitchenettes which also have private bathrooms. The rooms were measured during the on-site inspection on 7/14/14, and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
(2) Kitchenette	23.6' x 11.6'	274	2
(18) Single room	17' x 11.6'	197	18

The living, dining, private dining room, therapy room, arts and crafts room, and sitting room areas measure a total of 2,864.50 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The hallways of the facility are all 7 feet wide. The commercial kitchen and pantry are 22' x 22' for an additional 484 square feet. The facility also has offices for the staff, medication storage rooms, and a staff conference room.

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 or female adults whose diagnosis is aged or physically handicapped in the least restrictive environment possible. The Licensee prefers to care for residents aged 50 to 105 years of age. 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. Residents will be referred from: Council on Aging, Region 7 Area on Aging, Covenant Hospital, McLaren Hospital, Mid-Michigan Regional Hospital, and other Assisted Living Facilities, as well as word of mouth.

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 The Barton Woods Group, Inc., which is a Non Profit Corporation, was established in Michigan, on 3/08/2012. 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.

Ms. Deborah Pettyplace is the Licensee Designee for the Barton Woods Group, Inc. Ms. Rebecca Evans is the Administrator for Barton Woods Assisted Living East. A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results. The Licensee Designee's Medical Clearance is dated 2/27/14.

The licensee designee and administrator have 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 2 staff –to- 20 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), IdentoGo 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.

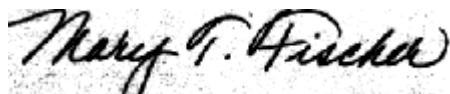
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

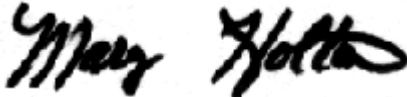
I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20)



07/29/2014

Mary T. Fischer Licensing Consultant	Date
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Approved By:



07/29/2014

Mary E Holton Area Manager	Date
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