



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 7, 2017

Dorothy Gibson  
7808 Wildcat Road  
Jeddo, MI 48032

RE: Application #: AF740379652  
Water Wheel Alternative Living  
7808 Wildcat Road  
Jeddo, MI 48032

Dear Ms. Gibson:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 835-6827

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF740379652
<b>Applicant Name:</b>	Dorothy Gibson
<b>Applicant Address:</b>	7808 Wildcat Road Jeddo, MI 48032
<b>Applicant Telephone #:</b>	(810) 321-3005
<b>Administrator/Licensee Designee:</b>	Dorothy Gibson
<b>Name of Facility:</b>	Water Wheel Alternative Living
<b>Facility Address:</b>	7808 Wildcat Road Jeddo, MI 48032
<b>Facility Telephone #:</b>	(810) 321-3005
<b>Application Date:</b>	09/14/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

09/14/2015	Enrollment
09/22/2015	PSOR on Address Completed
09/22/2015	Contact - Document Sent Rules & Act booklets
09/22/2015	Application Incomplete Letter Sent App - complete #19 & 20; received clearance and fingerprints (FP) for Dorothy; received clearance for Joseph
10/08/2015	Comment FP's for Dorothy
10/08/2015	Contact - Document Received App - boxes 19 & 20 completed; received clearances for Dorothy and Joseph
10/09/2015	Licensing Unit file referred for background check review Dorothy G - Self-conf
10/09/2015	Inspection Report Requested - Health Inv. #1024874
10/20/2015	File Transferred To Field Office Pontiac/CT
10/23/2015	Contact - Document Received Licensing file received from Central office
11/02/2015	Application Incomplete Letter Sent
12/17/2015	Inspection Completed-Environmental Health: A
02/05/2016	Contact - Telephone call made Called Dorothy Gibson to inquire if she is still interested in pursuing a license and to send me license documents if so. Left message
02/25/2016	Contact - Telephone call received Ms. Gibson left a message she needed a sample fee policy
02/26/2016	Contact - Telephone call made Called Ms. Gibson back and told her I would send her a sample
02/26/2016	Contact - Document Sent Sent a sample fee policy to Ms. Gibson

03/01/2016	Contact - Document Received Received licensing documents from applicant. Applicant is building an addition onto the home, so not ready for physical plant inspection. She is aware she must obtain all the building permits for adding on to the facility.
03/07/2016	Application Incomplete Letter Sent
06/30/2016	Contact - Telephone call made Phone call to applicant, Ms. Gibson.
10/04/2016	Contact - Telephone call received Phone call from applicant, Ms. Gibson.
11/22/2016	Contact - Telephone call received Phone message from applicant, Ms. Gibson.
11/22/2016	Contact - Telephone call made Discussed smoke alarm requirements with Ms. Gibson.
12/01/2016	Contact - Telephone call made Inquired about the status of the construction with applicant, Ms. Gibson. Ms. Gibson stated she believes all the construction will be completed by the end of January 2017.
02/07/2017	Contact - Telephone call made Scheduled inspection date for 2/14/17.
02/14/2017	Inspection Completed On-Site
02/23/2017	Inspection Completed – BCAL Full Compliance
03/01/2017	Recommend License Issuance

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

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

Water Wheel Alternative Living is located in Jeddo, Michigan, a semi-rural community located north of the Port Huron area within the County of St. Clair. The structure is a two-story, six bedroom home with an attached, two-car garage finished with a siding façade. All the residents will remain on the first floor, and Ms. Gibson's personal bedroom is upstairs. The property is fully landscaped with a large deck and railings surrounding it at the rear of the home. The home is currently not wheelchair accessible.

The first floor of the home features a family room, dining room, large kitchen area, and an activity/sitting area. There is one full bathroom for the residents, and then private half bathrooms in resident bedrooms #2, #3, #4. There is another a half bathroom near the kitchen area. The furnace and hot water heater are located in the laundry room on the first floor. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational and have been installed in all of the resident bedrooms, hallway, in the living room, kitchen, and near the furnace. There are two fire extinguishers installed in the home—one near the resident bedrooms, and another in the kitchen area. The home has private water and sewage systems. The environmental health inspection was completed on the systems on 12/17/15, and the facility has been determined to be in substantial compliance with the applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 10'5"	113 sq. ft.	1
2	12'5" x 9'10"	122 sq. ft.	1
3	12'6" x 9'10"	123 sq. ft.	1
4	15'9" x 11'9"	185 sq. ft.	2
5	9'9" x 10'10"	106 sq. ft.	1

**Total capacity: 6**

Dining area	14'7" x 12'7"	184 square feet
Family room	22'2" x 14'7"	323 square feet
Activity room	10'9" x 9'10"	106 square feet

The living, dining, and sitting room areas measure a total of **613** 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The Department received an application from Ms. Dorothy Gibson on 9/14/2015 for licensure of her home as an adult foster care family home. Ms. Gibson intends to provide 24-hour supervision, protection and personal care to six (6) residents, whose diagnosis is aged, Alzheimer's, and physically handicapped for both genders. Ms. Gibson reported that she is experienced in the provision of adult foster care services because she has been a registered nurse since 1980. The program will include social interaction skills, personal hygiene, and personal adjustment skills. There is also an activity room in the home that has multiple puzzles and board games that the residents may utilize at their leisure.

In addition to the above program elements, it is the intent of Ms. Gibson to utilize local community resources including Counsel of Aging for senior activities. In addition, Ms. Gibson will offer bible study to the residents by a local pastor, if interested. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

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.

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

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

Ms. Gibson(s) 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.

Ms. Gibson 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 (6) residents 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.

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

Ms. Gibson 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. Ms. Gibson was 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.

Ms. Gibson acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. Gibson 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.

Ms. Gibson acknowledges 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, Ms. Gibson acknowledges 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.

Ms. Gibson 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.

Ms. Gibson 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.

Ms. Gibson acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Gibson indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Gibson 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. Ms. Gibson has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Gibson acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Gibson 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, Ms. Gibson 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.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

#### **D. Rule/Statutory Violations**

Ms. Gibson 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 family home (capacity 1-6).



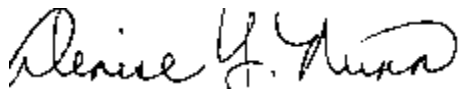
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Linda Pavlovski  
Licensing Consultant

3/3/2017

Date

Approved By:



03/07/2017

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Denise Y. Nunn  
Area Manager

Date