



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 5, 2017

Steven Wilson  
Whispering Pines 2 AFC, LLC  
1878 Soules Rd.

Afton, MI 49705

RE: Application #: AM160386603  
Whispering Pines 2  
1878 Soules Rd.  
Afton, MI 49705

Dear Mr. Wilson:

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 12 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,

A handwritten signature in black ink that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM160386603
<b>Applicant Name:</b>	Whispering Pines 2 AFC, LLC
<b>Applicant Address:</b>	1878 Soules Rd. Afton, MI 49705
<b>Applicant Telephone #:</b>	(231) 420-9590
<b>Licensee Designee:</b>	Steven Wilson
<b>Administrator:</b>	Dorothy Shields
<b>Name of Facility:</b>	Whispering Pines 2
<b>Facility Address:</b>	1878 Soules Rd. Afton, MI 49705
<b>Facility Telephone #:</b>	(231) 420-9590
<b>Application Date:</b>	01/23/2017
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/07/2016	Inspection Completed-Fire Safety: A
01/23/2017	Enrollment
01/24/2017	Application Incomplete Letter Sent
03/14/2017	Application Incomplete Letter Sent
03/29/2017	Application Incomplete Letter Sent
03/30/2017	Inspection Completed On-site
04/10/2017	Inspection Report Requested - Health
04/25/2017	Inspection Completed On-site
05/02/2017	Inspection Completed On-site
05/03/2017	Inspection Completed-Env. Health: A
05/22/2017	Application Complete/On-site Needed
06/05/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is located in a rural area approximately 10 miles east of Indian River. The facility is a bi-level home and consists of a living room, dining room, kitchen, 4 resident bedrooms, a full bathroom, a half bathroom, office, staff bedroom, staff bathroom and the private living area of the applicant. The lower level consists of two resident bedrooms, each with doorways as a means of egress and a full bathroom. There is a large deck at the front of the facility.

The furnace and hot water heater are located on the main level in a utility room that is constructed of material that has a 1-hour-fire-resistance rating.

The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. On 10/07/16 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 05/03/17 the home was inspected by the District Health Department No. 4 and it was determined that the home is in substantial compliance with applicable rules pertaining to water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'10" x 13' 2' x 2'	131	2
2	13' x 12' 5' x 2'10"	170	2
3	11'6" x 12' 3'9" x 1'9" 2' x 1'9"	148	2
4	11'6" x 12' 3'9" x 1'9" 2' x 1'9"	148	2
5	16'10" x 10' 4'3" x 2'4" 4'3" x 2'4"	186	2
6	12' x 10' 7'6" x 7'	172	2

The living and dining room areas measure a total of 600 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 12 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 12 male ambulatory adults who are diagnosed with a mental illness, a developmental disability or a physical handicap, in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

Programs for the Physically Handicapped will include will physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

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 or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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, shopping centers, churches, restaurants, local parks and community events.

### **C. Applicant and Administrator Qualifications**

The applicant is Whispering Pines 2 AFC, LLC, which is a “Domestic Limited Liability Company”, established in Michigan on 12/29/16. 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.

Steven Wilson is the sole member of Whispering Pines 2 AFC, LLC. Mr. Wilson has submitted a written statement identifying himself as the licensee designee and Dorothy Shields as the administrator of this facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 12 bed facility is adequate and includes a minimum of 1 staff to12 residents per shift during awake hours and 1 staff to 12 residents during sleeping hours. Staff will be allowed to sleep during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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](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 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

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 and 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.

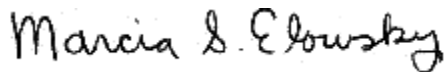
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

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

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



06/05/2017

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:



06/05/2017

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Jerry Hendrick  
Area Manager

Date