



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 10, 2018

Linda West  
Westgate Holdings LLC  
6927 S. Meridian Rd  
Clarklake, MI 49234

RE: Application #: AM380392461  
**Victorian Rose Assisted Living**  
**5585 Brooklyn Rd**  
**Jackson, MI 49201**

Dear Ms. West:

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 8 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 262-8604

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AM380392461

**Licensee Name:** Westgate Holdings LLC

**Licensee Address:** 6927 S. Meridian Rd  
Clarklake, MI 49234

**Licensee Telephone #:** (517) 768-1000

**Administrator/Licensee Designee:** Linda West

**Name of Facility:** Victorian Rose Assisted Living

**Facility Address:** 5585 Brooklyn Rd  
Jackson, MI 49201

**Facility Telephone #:** (517) 764-4163

**Application Date:** 02/06/2018

**Capacity:** 8

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

## II. METHODOLOGY

02/06/2018	On-Line Enrollment
02/07/2018	Contact - Document Sent Rule & Act booklets
02/07/2018	Application Incomplete Letter Sent App; valid corp; rec cl for Linda (LD) & Admin
02/08/2018	Contact - Document Received App, IRS ltr, & rec cl for Linda (LD & Admin)
02/15/2018	Contact - Document Received Valid corp; Articles of Corp
02/16/2018	Contact - Document Sent Fire Safety String
02/16/2018	Inspection Report Requested - Health Inv. #1027977
03/06/2018	Inspection Completed-Env. Health: A
03/13/2018	Application Incomplete Letter Sent
05/16/2018	Application Complete/On-site Needed
08/09/2018	Inspection Completed-BCAL Full Compliance

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

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

This investigation was conducted in response to an application from Linda West at Westgate Holdings, LLC for a Small Group Home License, capacity of 8. This facility has been licensed for many years. There are two adjoined facilities, separated by a two-hour fire wall. These facilities have operated under the following license names and numbers: Greenleaf Care Home (AM380067464) and Greenleaf Care Home II (AM380083935). Prior to the licensure of Greenleaf Care Home and Greenleaf Care Home II being licensed to Ms. Dawn Richey; the facility (Green Leaf Care Home) was licensed to Marilyn and Gerald Campbell (AM380008539).

This Licensing Study Report will address the application for Victorian Rose Assisted Living (AM380392461), capacity of 8.

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; corporate documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

This facility is located in a residential neighborhood in Jackson County. The facility is attached to Victorian Jewell Assisted Living. The facilities will operate as separate licenses and are divided and protected by a two-hour fire wall. The facility does not meet the criteria for wheelchair accessibility. This one-story home has a kitchen, dining room, living room, four double occupancy resident bedrooms, and a full bathroom. Bedroom #1 has a full bathroom and will only be utilized by the occupants of that room. The basement contains one bedroom, a living room, a full bathroom, the laundry room, food storage room and the heat plant. The door leading to the basement is a steel door and is equipped with an automatic self-closing device and positive latching hardware.

The basement also contains the furnace, hot water heater, and electrical panel.

This facility is air conditioned through a central air conditioning unit. The facility has a gas fired hot water heater, which also contains a device that assures a constant hot water temperature so that it will never exceed 120 degrees Fahrenheit.

The facility has a private water supply and sewage disposal system. The Environmental Health Inspection Report, dated March 6, 2018, indicates substantial compliance.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on both levels of the facility and in the required areas. Bureau of Fire Safety completed an inspection and the facility received an "A" rating.

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

Bedroom #	Total Sq. Footage	Total # of Beds
#1 Bedroom	131 sq. ft.	2
#2 Bedroom	131 sq. ft.	2
#3 Bedroom	187 sq. ft.	2
#4 Bedroom	264 sq. ft.	2

The indoor living and living areas measure a total of 315 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 8 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 8 (male/female) residents (18-99 years of age) or who are aged (60 years or older), physically handicapped, or have Alzheimer's, are developmentally disabled or have a traumatic brain injury. According to the program statement, the goal of Victorian Rose Assisted Living "is to assist those entrusted to our care in becoming valuable members of their community, providing support whenever possible for community participation, as they choose and are capable of. We believe that integration into, rather than isolation from, community is the best holistic approach. We provide modern, clean and a well-kept facility to all of our residents and allow them to feel at home." The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Victorian Rose Assisted Living strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

The applicant is Westgate Holdings, L.L.C., and is a For Profit Domestic Limited Liability Company which was formed on February 14, 2018. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Linda M. West is the Resident Agent. 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. Linda M. West is the administrator and licensee designee for the facility.

A criminal background check of Linda M. West was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. West submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. West has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR and provided certification of completion. In addition, Ms. West is a Registered Nurse and she provided a current copy of her license. Ms. West has a wealth of experience and has also operated a licensed adult foster care home for many years.

The staffing pattern for the original license of the 8-bed facility is adequate and includes a minimum of 1 staff for 8 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 1-8).

*Mahtina Rubritius*

08/10/2018

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*A. Hunter*

08/10/2018

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Ardra Hunter  
Area Manager

Date