



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 13, 2018

Daniel Sherman  
Riversbend Rehabilitation Inc  
3707 Katalin Ct.  
Bay City, MI 48706

RE: Application #: AS090391943  
Birchwood  
3336 Wilder Rd  
Bay City, MI 48706

Dear Mr. Sherman:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS090391943
<b>Licensee Name:</b>	Riversbend Rehabilitation Inc
<b>Licensee Address:</b>	3707 Katalin Ct. Bay City, MI 48706
<b>Licensee Telephone #:</b>	(989) 671-0866
<b>Administrator/Licensee Designee:</b>	Daniel Sherman, Designee
<b>Name of Facility:</b>	Birchwood
<b>Facility Address:</b>	3336 Wilder Rd Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 671-0866
<b>Application Date:</b>	01/03/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/03/2018	On-Line Enrollment
01/04/2018	Contact - Document Sent Rule and act book
05/16/2018	Contact - Document Received 1326
06/05/2018	File Transferred To Field Office Saginaw
07/02/2018	Application Incomplete Letter Sent
09/05/2018	Application Complete/On-site Needed
09/05/2018	Inspection Completed On-site
09/05/2018	Inspection Completed-BCAL Full Compliance
09/11/2018	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property known as Birchwood is located at 3336 Wilder Rd, Bay City, Michigan 48706. The property is owned by Mr. Michael Wilson. The property is situated on a 2-acre lot located in the Bangor Township. The facility is a new construction and a Certificate of Occupancy was issued on 08/01/2018. There's an abundance of parking available on a large paved lot.

Birchwood is barrier free and features contemporary styling with upscale furnishings and interior décor. The exterior of the home features professionally landscaping surrounded by attractive fencing and plenty of land where residents can watch the outdoor scenery. There's also a newly constructed Gazebo in the backyard of the home, equipped with a ceiling fan and spacious enough for several residents and visitors. The facility is built upon a 5 foot crawlspace and features six (6) private bedrooms, a large living room, dining room, kitchen, medication room, office, laundry room, 3 over-sized full-bathrooms for residents and a restroom for employees and visitors. All of the spacious private bedrooms are equipped with walk-in closets. The facility is heated and air-conditioned with two separate thermostatic controls in the home. The facility is serviced by public water and sewage systems. The capacity of this facility will enable six (6) male and female residents to utilize as many bedrooms. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval.

The facility is equipped with four Boilers, two air purifying furnaces with two 50-gallon Reservoir Tanks which are located in the crawlspace of the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled with a fire suppression system. Fire extinguishers and emergency evacuation plans are placed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Number of beds
1	15' 1" x 18'	271.5	1
2	21' 1" x 14' 8"	309.22	1
3	18' x 15' 1"	271.5	1
4	20' 5" x 13' 6"	275.63	1
5	20' 5" x 15' 9"	321.56	1
6	15' 9 x 18' 1"	284.81	1

The open floor plan which consists of the living room and dining room areas measure a total of 937.94 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

On 09/11/2018, I determined that Birchwood was in compliance with the Maintenance of Premises Rules for Adult Foster Care Small Group Homes. Based on the above information, it is concluded that this facility can accommodate six (6) Traumatologically Brain Injury residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The required admission/discharge policy, program statement, personnel policies, job descriptions, organizational charts, staffing patterns, and other required documentation needed in order to be licensed was made available prior to the onsite inspection. Birchwood facility is designed to provide a comfortable setting for traumatic brain injured adults from 18 years of age and older. This facility will primarily serve brain injured adults with cognitive disabilities, which some may present with physical handicaps as well. This facility has been designed to accommodate persons who may ambulate by wheelchair only. The staff will provide supervision, protection, therapy, day programming and personal care to maintain the residents with the individualized support necessary to reside in the community. This facility which is located in Bangor Township will include social interaction skills, personal hygiene and personal adjustment skills in order to promote independence for residents to become as self-sufficient as possible and for their needs to be met in the most dignified and respectful manner. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. This is a newly constructed over-sized facility that was built with the ideal that residents in wheelchairs would require the extra space. Most services and activities will be conducted with the assistance of the licensee or staff transporting residents to attend medical appointments, recreational activities and shopping needs, however; the primary treatment programs for the residents will be provided at the facility.

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

The applicant is Riversbend Rehabilitation Inc, which is a "Domestic Limited Liability Company", was established in Michigan on 02/08/2000. 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.

The Board of Directors of Riversbend Rehabilitation Inc has submitted documentation appointing Dan Sherman as licensee and administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for Dan Sherman, licensee designee and the administrator. Mr. Sherman submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine negative results.

Dan Sherman, licensee designee and administrator, 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 6-bed facility is adequate and includes a minimum of 2 staff to 6 residents for all shifts. All staff shall be awake during sleeping hours.

Dan Sherman, licensee designee and administrator, 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.

Dan Sherman, licensee designee and administrator, acknowledges 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 offered 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.

Dan Sherman, licensee designee and administrator, 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, Mr. Sherman has indicated resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Dan Sherman, licensee designee and administrator, acknowledges his 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, Mr. Sherman acknowledges his 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.

Dan Sherman, licensee designee and administrator, acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Sherman indicated that it is his intent to achieve and maintain compliance with these requirements.

Dan Sherman, licensee designee and administrator, 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. Mr. Sherman has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Dan Sherman, licensee designee and administrator, acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Dan Sherman, licensee designee and administrator, acknowledges his 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, Mr. Sherman acknowledges his 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.

Dan Sherman, licensee designee and administrator, acknowledges his 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 related to the physical plant at the time of licensure. 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 small group home (capacity 1-6).



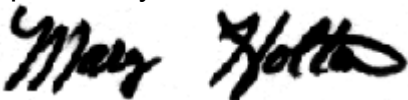
09/11/2018

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



09/13/2018

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Mary E Holton  
Area Manager

Date