



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 2, 2017

Nathan and Jessica Westfall
West Winds Adult Foster Care LLC
8700 W Montgomery Rd
Camden, MI 49232

RE: Application #: AM120387704
West Winds Adult Foster Care LLC
912 Kelly Rd
Montgomery, MI 49255

Dear Mr. Westfall:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink 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 #: AM120387704

Licensee Name: West Winds Adult Foster Care LLC

Licensee Address: 912 Kelly Rd
Montgomery, MI 49255

Licensee Telephone #: (517) 607-5275

Administrator/Licensee Designee: Nathan Westfall, Designee

Name of Facility: West Winds Adult Foster Care LLC

Facility Address: 912 Kelly Rd
Montgomery, MI 49255

Facility Telephone #: (517) 607-5275

Application Date: 04/03/2017

Capacity: 12

Program Type: AGED

II. METHODOLOGY

This investigation was conducted in response to an original application from West Winds Adult Foster Care L.L.C. to operate a medium group home. The home has been licensed for many years as an adult foster care home and the previous (most recent) license numbers were AM120094346 and AM120314997.

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; corporate documents, property ownership, organizational charts, processed licensing record and medical clearances, applicant financial reports, 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.

04/03/2017	On-Line Enrollment
04/05/2017	Contact - Document Sent Rule & Act booklets
04/05/2017	Application Incomplete Letter Sent- Rec cl, FP's, Livescan request for Nathan; rec cl for Jessica (Admin)
04/07/2017	Comment- FP's for Nathan
04/10/2017	Contact - Document Received- Rec cl & Livescan request for Nathan; rec cl for Jessica (Admin)
04/13/2017	Inspection Report Requested – Health- Inv. #1026854
04/13/2017	Contact - Document Sent- Fire Safety String
06/16/2017	Application Incomplete Letter Sent
	Multiple phone calls were made to and from Mr. and Mrs. Westfall during this licensing process. Phone contacts were made on the following dates: 7/7, 7/10, 7/27, 7/31, 8/14, 9/18, 10/10, 10/13 & 10/25.
08/21/2017	Inspection Completed-Environmental Health : A
09/11/2017	Inspection Completed On-site
09/11/2017	Application Complete/On-site Needed
09/26/2017	Inspection Completed-Fire Safety : A
10/26/2017	Inspection Completed On-site
10/30/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in rural Branch County in California Township, in the southeast corner of the county.

The California Township Treasurer, Ms. Sheila Alley, provided a written statement documenting that the facility located at 912 Kelly Road, is in a township with no zoning.

The home is a wooden framed, one story ranch with a basement. The facility meets criteria for wheelchair accessibility, and is appropriate for individuals who have impaired mobility. The primary entrance for residents is located in the front of the facility, facing east. The second identified resident exit is located on the south end of the building, also facing east. The third resident exit is located on the west side of the building; which is equipped with a wheelchair ramp.

The staff headquarters contains an office, one bedroom, a living room, a family room, and a bathroom. In addition, the home has three bathrooms, seven bedrooms, a laundry room on the main floor of the facility, a kitchen, a living room, sitting room, and dining room. The facility is adequately furnished.

The facility is served by a private water supply and sewage disposal system. The facility received an "A" rating on the environmental health inspection report from the Branch-Hillsdale-St. Joseph Community Health Agency.

The garbage service is provided by a private vendor and will be removed weekly.

The facility is heated by a propane gas-fired forced air furnace, which is located outside the facility. The facility has a central air conditioning system. There are two fire places in the facility; both have been cemented in and will not be utilized.

The facility also 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 is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. The home is also equipped with battery back-up smoke detectors. The smoke detectors are located on both levels of the facility and in the required areas. The system control panel is located in the basement.

The facility is equipped with two electric access panels one is located in the first floor laundry room and the second is in the basement. The electrical panel and service

has been inspected and approved by an electrical inspector. A copy of the inspection report is contained in the licensing record.

The resident bedrooms have the following square footage:

Bedroom #	Total Sq. Footage	Total # of Beds
Bedroom #1	133 sq. ft.	2
Bedroom #2	135 sq. ft.	2
Bedroom #3	142 sq. ft.	2
Bedroom #4	141 sq. ft.	2
Bedroom #5	115 sq. ft.	1
Bedroom #6	134 sq. ft.	2
Bedroom #7	92 sq. ft.	1

The indoor living and living areas measure a total of 628 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 12 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 12 (male/female) residents who are aged (60 years or older).

According to the program statement, the "vision of West Winds is to provide care for loved ones in a safe home environment, where each resident will be treated with dignity and respect." They strive to provide excellent care, a home environment, and leisure activities. 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. West Winds 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 West Winds Adult Foster Care, L.L.C., and is a For Profit Domestic Limited Liability Company, which was formed on March 31, 2017. 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 Nathan Westfall 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. Nathan and Jessica Westfall are the sole owners and members of the L.L.C. Mr. Westfall has designated, in writing, the appointment of himself as the licensee designee and his wife, Jessica Westfall, as the administrator for the facility.

The criminal background checks of Nathan Westfall and Jessica Westfall were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. and Mrs. Westfall submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Westfall has documented in writing that he will be responsible for the operation and management of West Winds Adult Foster Care L.L.C. home. He has an Associate's degree in Applied Science. Additionally, he has experience in engineering, programming, computer software, account management skills, advanced building and hardwiring experience, and management experience.

Mrs. Westfall's work experience began in 1997, where she worked as a trainer and cared for residents with mental illnesses and physical disabilities. Mrs. Westfall has also provided care for residents who required assistance with activities of daily living, cleaning and shopping. Mrs. Westfall is a registered nurse and she provided a copy of her license. In addition, her experience includes working as a shift leader, RN case manager, and providing long term care to residents with mental and physical disabilities. She also has experience in oncology, geriatrics and hospice care. She has successfully completed the basic food safety course and provided documentation of completion. Mrs. Westfall meets the licensing requirements to be an administrator. She will be responsible for the daily operations of the facility.

Mr. and Mrs. Westfall have both provided documentation of their education, training and experience. They have also been trained in First Aid and CPR and provided certification of completion.

The staffing pattern for the original license of the 12 bed facility is adequate and includes a minimum of 1 staff for 6 residents and 2 staff for 12 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 not 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 acknowledge 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) 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 acknowledge 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.

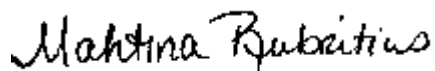
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 7-12).



10/30/2017

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



11/02/2017

Ardra Hunter
Area Manager

Date