



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2020

Anita Anderson
4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

RE: Application #: AS610401614
Woodland Gardens
4791 E Mt Garfield Rd
Fruitport, MI 49415

Dear Anita Anderson:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610401614
Licensee Name:	Anita Anderson
Licensee Address:	4791 E. Mt. Garfield Rd. Fruitport, MI 49415
Licensee Telephone #:	(231) 760-3023
Administrator/Licensee Designee:	Anita Anderson
Name of Facility:	Woodland Gardens
Facility Address:	4791 E Mt Garfield Rd Fruitport, MI 49415
Facility Telephone #:	(231) 366-7092
Application Date:	09/13/2019
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

09/13/2019	On-Line Enrollment
09/17/2019	Inspection Report Requested - Health 1029818
10/14/2019	Contact - Document Received 1326/Fingerprint/RI 030 for Anita Anderson and AFC 100 for Stefan Bullerman & Malinda Bullerman
10/14/2019	Lic. Unit file referred for background check review 1326 for Anita Anderson - Self Confession
10/14/2019	Lic. Unit file referred for background check review AFC 100 for Stefan Bullerman
10/23/2019	Inspection Completed-Env. Health: A
11/14/2019	File Transferred to Field Office Grand Rapids
12/20/2019	Application Incomplete Letter Sent
01/15/2020	Contact - Document Received From Applicant
01/27/2020	Contact - Document Received Email received from applicant.
05/21/2020	Contact – Document Received Program Statement, Admission Policy and Discharge Policy.
05/27/2020	Contact - Document Received Email received from Applicant from verification of classes.
05/27/2020	Contact - Document Received Received from Applicant CPR and First Aid classes.
06/23/2020	Inspection Completed On-site
06/23/2020	Inspection Completed-BCAL Full Compliance
06/23/2020	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is an older two-story, stick built frame with a newer single-story addition. The home is a ranch style home. The home is located in a rural area outside of the city of Fruitport, MI. There is one approved means of egress that is equipped with a sloped cement sidewalk and is wheelchair accessible at the front of the home. At the back of the home there a second means of egress with an approved wooden ramp accessible for the use of wheelchairs. The main floor of the home consists of a dining room, two lounge/living rooms, a kitchen, off the kitchen is an office, six bedrooms with ½ bath (sink and toilet) in each, two full bathrooms, (one with a beautician style sink for washing hair), a live in staff bedroom, a laundry room, an office/storage room, and a mechanical room. The second floor over the older part of the home contains four unused rooms that are not approved for resident use. The basement is also not approved for resident use.

A licensed electrician has installed smoke detectors powered from the building's electrical system with a single station, battery backup. When activated the alarm is audible in all sleeping room with the doors closed. Fire extinguishers are installed on each floor of the home.

The home has a utility room located on the main floor which contains a propane furnace and hot water heater. The room has a 1 ¾ inch solid core door, in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. This heating plan heats the area where the resident bedrooms are located and one of the lounge/living rooms.

The home has a second heating plant with an oil furnace and hot water heater located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device, in a fully stopped frame and positive latching hardware. This door is located at the top of the stairs to form a floor separation. The home will utilize private water and septic system. The Environmental Health Inspection Report, from Public Health Muskegon County, inspected by Sanitarian, Michael Eslick, issued substantial compliance with applicable rules.

The Licensee Designee, Anita Anderson, has had a family home license for this same facility since 12/6/2017, license number AF610387939, called Woodland Gardens Fruitport. Ms. Anderson has an application pending for Woodland Gardens Spring Lake planning to open soon, License # AS700402240.

This home in Fruitport had a small group home, licensed as an AFC home before Ms. Anderson. The home was under a corporation of Gibson Garfield West L.L.C., License number AS610284391, with the home called Gibson Garfield West, opening on

05/21/2007, and closing on 05/20/2009. The corporation Gibson Garfield East L.L.C., had a median group home, license number AM610284392, called Gibson Garfield East, opening on 02/01/2013 and closing on 01/31/2015, with the Licensee Designee for both facilities as Cheryl Gibson. This home was closed due to disciplinary action.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 10" x 14' 7"	182 square feet	1
2	13' 10" x 14' 7"	182 square feet	1
3	13' 10" x 14' 7"	182 square feet	1
4	9' 6" x 14' 7"	126 square feet	1
5	9' 8" x 14' 7"	126 square feet	1
6	13' 10" x 14' 7"	182 square feet	1

The living, dining, and sitting room, and office areas measure a total of 916 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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

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 six (6) male or female ambulator or handicapped adults whose diagnosis is aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents that are private pay individuals.

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 not provide transportation for program and medical needs. They will use public transportation or family members to transport residents. 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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment. The applicant is in the process of opening another 6-bed adult foster care home called Woodland Gardens Spring Lake.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have 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 six-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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. The Licensee will not manage any of the residents personal money transactions

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

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 six-month temporary license to this adult foster care small group home capacity 6.

Arlene B. Smith

06/29/2020

Arlene B. Smith MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/30/2020

Jerry Hendrick
Area Manager

Date