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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2021

Stephney Sweet
50 Pickford Road
Kimball, MI 48074

RE: Application #: AF740406236
Water Wheel Alternative Living
7808 Wildcat Road
Jeddo, MI 48032

Dear Ms. Sweet:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF740406236
Applicant Name:	Stephney Sweet
Applicant Address:	7808 Wildcat Road Jeddo, MI 48032
Applicant Telephone #:	(810) 887-1987
Administrator/Licensee Designee:	N/A
Name of Facility:	Water Wheel Alternative Living
Facility Address:	7808 Wildcat Road Jeddo, MI 48032
Facility Telephone #:	(810) 300-8677
Application Date:	10/19/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

10/19/2020	Enrollment
10/27/2020	PSOR on Address Completed
10/27/2020	Contact - Document Sent Rules booklet
10/27/2020	Application Incomplete Letter Sent App - Boxes 28, 29, 49; 1326, FPs, RI-030, DL for Stephney; AFC100's for Deanna & Dorothy (RP)
11/13/2020	Contact - Document Received 1326 & DL for Stephney; AFC100's for Deanna & Dorothy
11/13/2020	Lic. Unit file referred for background check review Stephney - Self-conf
11/13/2020	Lic. Unit file referred for background check review Deanna - Self-conf
11/13/2020	Lic. Unit file referred for background check review Dorothy - Self-conf
11/16/2020	Contact - Document Received App - Boxes 28, 29, & 49
11/30/2020	Inspection Report Requested - Health Inv. #1031063
12/08/2020	Contact - Document Received Licensing file received from Central office
12/16/2020	Contact - Telephone call made Returned call from Ms. Sweet.
12/21/2020	Application Incomplete Letter Sent Emailed and mailed application incomplete letter
02/01/2021	Contact - Telephone call received Received message from Stephanie Sweet
02/02/2021	Contact - Telephone call made Returned call from Stephanie Sweet. Discussed documents that need to be submitted.

04/01/2021	Contact - Telephone call made Returned call from Ms. Sweet. Lease agreement is pending.
05/04/2021	Contact - Telephone call received Received call from applicant regarding licensing rules. Meeting with attorneys to work out lease agreement. Plans to be ready by end of May.
07/05/2021	Contact - Document Received Received licensing documents by email from Stephney Sweet
07/20/2021	Inspection Completed On-site
07/20/2021	Application Complete/On-site Needed
07/20/2021	Contact - Telephone call received Received text from Ms. Sweet with picture of garbage can with lid. Sent return text.
07/22/2021	Contact- Document Received Received variance request by email from Stephney Sweet. Received text from Ms. Sweet.
07/23/2021	Contact- Document Received Received variance request by email from Stephney Sweet. Sent email and text to Stephney Sweet
07/27/2021	Contact - Telephone call received Received text from Stephany Sweet
07/28/2021	Contact- Telephone call made Sent return text to Stephany Sweet. Received return text.
08/02/2021	Contact - Telephone call received Received text from Stephany Sweet
08/03/2021	Contact - Telephone call received Received text from Stephany Sweet. Sent return text.
08/06/2021	Variance requested and submitted for rule R400.1433 bedroom furnishings. The variance was approved for two of the current residents to sleep in reclining chairs.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of adult foster care family homes (1-6), licensed or proposed to be licensed after 09/15/1984.

A. Physical Description of Facility

Water Wheel Alternative Living (AF740379652) is currently a licensed adult foster care family home located in Jeddo, MI. The current licensee is Dorothy Gibson and the original license date is 03/07/2017. Stephany Sweet has applied to become the licensee and will move into the home. Ms. Sweet provided a copy of her lease agreement with option to purchase with Dorothy Gibson and Joseph Junga. A signed letter was also provided by Ms. Gibson giving permission to inspect for licensing. The home has private water and sewer. An environmental health inspection was completed on 01/13/2021 and the home received an "A rating".

Water Wheel Alternative Living has a living room, dining room, kitchen, activity room, office, laundry room, six resident bedrooms and four bathrooms. The living area for licensee is located on the second floor. The living room, dining room and activity room offer a total of 613 square feet of living space which meets the required 35 square feet of living space for 6 residents.

The four bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 10'5"	113	1
2	12'5" x 9'10"	122	1
3	12'6" x 9'10"	123	1
4	11'9" x 5'7"	65	1
5	9'9" x 6'9"	65	1
6	9'9" x 10'10"	106	1

Total capacity: 6

All four bedrooms have adequate space, bedding and storage. A variance request to R 400.1433 Bedroom Furnishings was submitted for Bedroom #2 and Bedroom #4 due to the current residents requesting to sleep in reclining chairs. Bedroom #2, Bedroom #3 and Bedroom #5 have half bathrooms. The furnace is located in the laundry room and was last serviced on 12/14/2020. The bedroom and bathroom doors are equipped with non-locking against egress hardware. The water temperature was measured with a digital thermometer and found to be between 105 and 120-degrees Fahrenheit. The home wheelchair assessable. The home has no reported pest control issues and is sprayed by Eco Pest Control two times per year. Medications are kept locked in a

cabinet in the office area. The home has interconnected smoke detectors in the hallways and bedrooms. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

B. Program Description

Water Wheel Alternative Living has capacity of six residents. The home provides 24-hour care and supervision for aged, Alzheimer's/dementia and physically handicapped residents, both male and female. Stephany Sweet and her mother, Deanna Sweet will be the only two household members. There are currently six residents residing in the home. Current owner, Dorothy Gibson, will provide transportation for residents as needed. The home has an activity aide that visits two days a week. Residents participate in activities such as painting, reading, games, ladder ball, birthday parties, live entertainment, and visiting horses.

Stephany Sweet provided a copy of floor plan, house rules and emergency procedures. Ms. Sweet is a current employee at Water Wheel Alternative Living. She has worked at the home for approximately two years. Prior to her employment at Water Wheel Alternative Living, she worked at Marwood Manor for six years and at the Medilodge in Port Huron, MI. Her mother, Deanna Sweet, is also a current employee at Water Wheel Alternative Living. Ms. Sweet has been fingerprinted. She provided a medical statement dated 01/04/2021 which indicates that she has no physical/mental conditions or health problems that would limit her ability to work with our around dependent adults. Ms. Sweet had a negative TB test on 01/04/2021.

Dorothy Gibson, RN and Deanna Sweet will act as responsible persons for Water Wheel Alternative Living. Ms. Gibson and Ms. Sweet have had clearances completed. Medical statements and TB tests were also provided for Ms. Gibson and Ms. Sweet.

C. Rule/Statutory Violations

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

On 08/06/2021, a variance was requested and submitted for rule R400.1433 bedroom furnishings. The variance was approved for two of the current residents to sleep in reclining chairs with physician's approval only while they reside in this facility.

IV. RECOMMENDATION

I recommend that the department issue a temporary license to this adult foster care family home, Water Wheel Alternative Living, with a capacity of six (6) residents.

The temporary license shall be in effect for a six-month period. Another licensing renewal will be conducted after six months.



08/06/2021

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



08/09/2021

Denise Y. Nunn
Area Manager

Date