



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 31, 2022

Sheilah Readmond  
Aspen Ridge Retirement Village  
1261 Village Parkway  
Gaylord, MI 49735

RE: Application #: AL690414035  
Aspen Ridge Retirement Village  
1261 Village Parkway  
Gaylord, MI 49735

Dear Ms. Readmond:

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 20 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 "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL690414035
<b>Applicant Name:</b>	Sabra Midwest Operations, LLC
<b>Applicant Address:</b>	18500 Von Karman Ave., Suite 550 Irvine, CA 92612
<b>Applicant Telephone #:</b>	(989) 705-2500
<b>Administrator/Licensee Designee:</b>	Sheilah Readmond, Designee
<b>Name of Facility:</b>	Aspen Ridge Retirement Village
<b>Facility Address:</b>	1261 Village Parkway Gaylord, MI 49735
<b>Facility Telephone #:</b>	(989) 705-2500
<b>Application Date:</b>	07/18/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

07/18/2022	Enrollment
08/16/2022	Inspection Completed-Fire Safety : A
09/07/2022	PSOR on Address Completed
09/07/2022	File Transferred To Field Office
10/28/2022	Inspection Completed – Onsite

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single-story frame structure located at 1261 Village Parkway in Gaylord, Michigan. It is connected to another facility, both being Aspen Ridge Retirement Village, but the second facility being located at 1263 Village Parkway. The two facilities are separated by a wall adjoining the dining areas in each facility with a doorway between them. This, Unit 1, has 14 single units that are 222 square feet in area with a full bath in each. There are also 6 apartment-style units that are 375 square feet in area with a general-use area and a bedroom. The bedrooms are 85 square feet in area. There is a full bath in each apartment.

The remainder of the facility consists of a large living room/dining room, “conservatory” sitting area, commercial style kitchen, beauty parlor, three office areas, 1.5 full baths, including a whirlpool bath and a separate shower and a laundry room. The living room/dining room and “conservatory” sitting areas measure 35’ x 32’ and 22’6” x 14’ respectively for a total of 1435 square feet. This exceeds the minimum 35 square feet of living space needed per occupant of the facility.

On August 16, 2022, Fire Marshal Ryan Byrne approved the facility’s fire safety certification.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
101 – 104, 107 – 113, 118 – 120	17’ x 15’ – 6’ x 5’6”	222 square feet	1 Resident
105, 106, 114 – 117	22’7” x 19’1” – 6’1” x 6’ 6’ x 2’9”	375 square feet	1 Resident

Based on the above information, it is concluded that this facility can accommodate 20 adult foster care 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 20 male or female ambulatory or non-ambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

The applicant is Sabra Midwest Operations, L.L.C., which is a "Foreign Limited Liability Company", was established in Michigan, on 05/13/2022. 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.

Authorized official Jessica Flores has submitted documentation appointing Sheilah Readmond as Licensee Designee and Administrator of the facility.

A criminal history background check was conducted for the licensee designee and administrator. She has been determined to be of good moral character. The licensee designee and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 20-bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift during awake hours and 1 staff to 20 residents during sleeping hours. The facility plans to have at least 2 staff working at all times. All staff shall 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 facilities 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 training suitability 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.

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](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employees 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 with residents. In addition, the applicant acknowledges their 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.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

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 and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

### **C. Rule/Statutory Violations**

There are no rule/statutory violations at this time.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care large group home (capacity 20).



10/31/2022

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Adam Robarge  
Licensing Consultant

Date

Approved By:



10/31/2022

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Jerry Hendrick  
Area Manager

Date