



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 22, 2022

Barbara Woodward-Boonstra
Perry Farm Development Company
4241 Village Circle Dr.
Harbor Springs, MI 49740

RE: Application #: AL240407728
The Birches at Perry Farm Village
4241 Village Circle Dr.
Harbor Springs, MI 49740

Dear Ms. Woodward-Boonstra:

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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
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

License #: AL240407728

Applicant Name: Perry Farm Development Company

Applicant Address: 4241 Village Circle Dr.
Harbor Springs, MI 49740

Applicant Telephone #: (231) 526-1500

Licensee Designee: Barbara Woodward-Boonstra, Designee

Administrator Jill Tibbits

Name of Facility: The Birches at Perry Farm Village

Facility Address: 4241 Village Circle Dr.
Harbor Springs, MI 49740

Facility Telephone #: (231) 526-1500

Application Date: 03/18/2021

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

| | |
|------------|--|
| 03/18/2021 | Enrollment |
| 02/11/2022 | Contact - Telephone call received Applicant still wish to be licensed. Will provide missing requirements. |
| 02/11/2022 | Contact - Document Received Updated application. Change in Licensee Designee |
| 03/17/2022 | Contact - Document Received Updated 1326/RI 030 for Barbara Woodward-Boonstra |
| 03/21/2022 | File Transferred To Field Office GR via SharePoint |
| 05/13/2022 | Inspection Completed On-site Request of applicant for early on-site visit |
| 08/10/2022 | Contact - Telephone call made Left message with licensee inquiring about their progress |
| 10/17/2022 | Inspection Completed-Env. Health : A |
| 12/08/2022 | Inspection Completed On-site |
| 12/08/2022 | Inspection Completed-Fire Safety : A |
| 12/19/2022 | Inspection Report Requested - Health |
| 12/20/2022 | Contact - Document Received Fire inspection received |
| 12/21/2022 | Contact – Document Received Environmental Health inspection received |
| 12/21/2022 | Application Complete/On-site Needed All inspections completed and received |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This 20-bed, single-story facility for the aged is located on the Perry Farm Village campus on the outskirts of Harbor Springs, Michigan. The building is a new build designed for the aged and specifically those with dementia-related concerns. It is connected by a hallway to the main Perry Farm Village building. All exits leading from

the facility have delayed-egress hardware to alert staff to when an exit is being accessed and give them time to respond. The outdoor garden area between the wings of the building also has a delayed-egress gate that alerts staff. Hallways are color-coded to aid residents in finding their way around the facility. Hallways are continuous to eliminate dead-ends and allow for freedom of movement.

The facility includes a living room, dining room/kitchen area, two sitting areas with chairs and televisions, a family visitation room and the aforementioned outdoor garden. There are spa services available in the main building. Meals will also be provided by the kitchen in the main building. There is a small kitchen located in the facility which may be used by residents with staff supervision. There is a main on/off switch in a separate staff area for the kitchen which prevents the stove from being turned on when not in use.

Each resident room has an entrance area and living area which measure 12 feet 6 inches by 5 feet 2 inches and 13 feet 3 inches by 10 feet 6 inches respectively. Each resident room also has a bathroom. There are two closets for use. Each room has its own baseboard heat and air-conditioning unit which can be controlled independently.

An Environmental Health Inspection for this facility was completed on October 17, 2022, for the new build septic system. The facility utilizes city water.

A Fire Inspection was completed on December 8, 2022. There is a fire wall between the facility and the Perry Farm Village main building. Residents and staff will practice emergency and evacuation procedures during daytime, evening and sleeping hours at least once per quarter.

Resident rooms were observed during the on-site inspection and have the same floor plan and dimensions.

| Rooms | Dimensions | Total Area | Capacity |
|-----------|---------------------------------|-----------------|------------|
| #1 to #20 | 13'3" x 10'6" + 12'6" x 5'2" | 203 square feet | 1 resident |

The facility living room measures 41 feet by 22 feet. The dining room/kitchen area measures 40 feet by 22 feet. This gives the residents 1782 square feet of indoor living space for use which exceeds the 35 square feet per resident minimum required.

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 or who are diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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 residents 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.

C. Applicant and Administrator Qualifications

The applicant is Perry Farm Development Co., which is a Domestic Nonprofit Corporation was established in Michigan, on 12/05/2001. 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 President and Chief Executive Officer of Perry Farm Development Co., Mr. Roger L. Myers, has submitted documentation appointing Ms. Barbara Woodward-Boonstra as Licensee Designee for this facility. Ms. Jill Tibbits will be the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) submitted a statement from a physician documenting her 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. This is only the minimum licensing standard and

there will be more staff available based on the supervision and care needs of the residents. 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), 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 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.

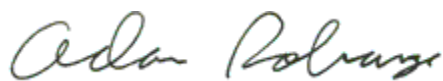
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

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



12/22/2022

Adam Robarge
Licensing Consultant

Date

Approved By:



12/22/2022

Jerry Hendrick
Area Manager

Date