



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 20, 2023

David Craycraft  
Dogwood Shores LLC  
17936 Dogwood Dr  
Spring Lake, MI 49456

RE: Application #: AS700414616  
Dogwood Shores LLC  
17936 Dogwood Dr  
Spring Lake, MI 49456

Dear Mr. Craycraft:

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700414616
<b>Licensee Name:</b>	Dogwood Shores LLC
<b>Licensee Address:</b>	17936 Dogwood Dr Spring Lake, MI 49456
<b>Licensee Telephone #:</b>	(616) 283-8839
<b>Administrator/Licensee Designee:</b>	Dawn Craycraft, Administrator David Craycraft, Designee
<b>Name of Facility:</b>	Dogwood Shores LLC
<b>Facility Address:</b>	17936 Dogwood Dr Spring Lake, MI 49456
<b>Facility Telephone #:</b>	(616) 283-8839
<b>Application Date:</b>	10/29/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

10/29/2022	On-Line Enrollment
10/31/2022	Application Incomplete Letter Sent App Incomplete Ltr sent w/1326, Ri-030 and AFC-100
11/15/2022	Contact - Document Received 1326, AFC-100, RI-030, LLC info
11/22/2022	Comment request sent to have fingerprints uploaded
12/02/2022	PSOR on Address Completed
12/02/2022	File Transferred To Field Office
12/05/2022	Application Incomplete Letter Sent
12/05/2022	Contact - Document Sent I sent David & Dawn Craycraft, Co-Licensees, a letter
12/09/2022	Contact - Document Received I received an email from Mr. Craycraft
12/09/2022	Contact - Document Sent I sent Mr. Craycraft an email response
12/12/2022	Contact - Document Received I received an email from Mr. Crafcraft
12/20/2022	Contact - Document Received I received an email response from Mr. Craycraft
12/28/2022	Contact - Document Sent I sent Mr. Craycraft an email about fingerprinting
12/29/2022	Contact - Document Received I received an email response from Mr. Craycraft
01/04/2023	Contact - Document Received I received an email response from Mr. Craycraft
01/30/2023	Contact - Document Sent I sent an email to Mr. Craycraft
02/02/2023	Contact - Document Received I received an email response from Mr. Craycraft

03/14/2023 Contact - Document Sent  
I sent an email to Mr. Craycraft

03/14/2023 Contact - Document Received  
I received an email response from Mr. Craycraft

03/15/2023 Contact - Document Sent  
I sent an email to Mr. Craycraft

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Dogwood Shores, LLC is a ranch-style home with three bedrooms, two full bathrooms, kitchen area, living room, dining area, laundry room, furnace/water heater room, and a mudroom. The home has three entrances, two in the front and one in back. The front entrances have ADL wheelchair ramps. The home utilizes public sewerage services but uses private well water. An Environmental Health Inspection was performed on 11/29/2022 and was given a “B” rating. The sanitarian wrote, “Soil boring into both sewage disposal systems revealed dry stone.” The sanitarian also wrote in his report, “System has deficiencies that prevent it from conforming to current standards; however, it was installed prior to the current standards and was functioning properly at the time of the inspection. System may continue to be utilized.”

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' X 16'	176	2
2	15' X 10'	150	2
3	13'9" X 10'10"	148	2

**Total Capacity: 6**

The living and dining room areas measure a total of 430 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

The home is equipped with an interconnected smoke alarm system with a batter back-up that was installed by a licensed electrician. The system was tested by the Licensing Consultant on 03/17/2023 and worked properly.

This home conforms with all fire safety requirements, as inspected by the Licensing Consultant on 03/17/2023.

## **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 and/or female adults aged 18 years and older. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Dogwood Shores, LLC will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

## **C. Applicant and Administrator Qualifications**

Dogwood Shores LLL is the applicant. Articles of Incorporation and an organization chart have been submitted. The owners of this LLC are David Craycraft and Dawn Craycraft, a married couple. David is the Licensee Designee and Dawn is the Administrator of this AFC home. Both have submitted Medical and Record Clearances and no restrictions were noted on either, and both submitted TB test results that were negative.

The applicant acknowledges an understanding of the training 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)), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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. In addition, 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 their 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**

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 temporary license to this adult foster care small group home (capacity 6).



March 20, 2023

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Licensing Consultant

Date

Approved By:



March 20, 2023

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Jerry Hendrick  
Area Manager

Date