



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 21, 2024

Anita Johnson
White Oasis
49525 ROSENLUND RD
HANCOCK, MI 49930

RE: Application #: AS310415824
White Oasis
49525 ROSENLUND RD
HANCOCK, MI 49930

Dear Ms. Johnson:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Peters".

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 250-9318

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS310415824
Licensee Name:	White Oasis
Licensee Address:	49525 ROSENLUND RD HANCOCK, MI 49930
Licensee Telephone #:	(906) 370-1947
Administrator/Licensee Designee:	Anita Johnson
Name of Facility:	White Oasis
Facility Address:	49525 ROSENLUND RD HANCOCK, MI 49930
Facility Telephone #:	(906) 370-1947
Application Date:	03/07/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

03/07/2023	On-Line Enrollment
03/14/2023	Application Incomplete Letter Sent App Incomplete ltr sent w/1326 and RI-030
03/14/2023	Inspection Report Requested - Health
04/04/2023	Contact - Telephone call received Licensee called about documents that she sent in the mail.
04/04/2023	Contact - Document Received 1326 and RI-030
04/04/2023	Comment Sent request to have fingerprints added to BITS
04/14/2023	Comment Fingerprints are incorrect. Asked Licensee to send receipt to see if the correct prints can be located.
04/17/2023	Contact - Telephone call received Spoke with licensee about the difference in facility and fingerprint types.
04/17/2023	Comment Advised licensee.
04/20/2023	Contact - Document Received 1326 and RI-030
04/25/2023	Comment Sent request to have fingerprints uploaded
04/25/2023	PSOR on Address Completed
04/25/2023	File Transferred To Field Office
04/26/2023	Application Incomplete Letter Sent
10/12/2023	Inspection Completed-Env. Health : A
04/18/2024	Contact - Telephone call made Contacted health department to arrange for inspection
04/30/2024	Application Complete/On-site Needed
04/30/2024	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a newly built, single-story home that sits on 4 acres and is owned by Anita and Clint Johnson. It has an engineered wood siding and shingle roof. This is an adult foster care home licensed for six female residents who are aged. The home is in Houghton County in the Upper Peninsula of Michigan and is located in the city of Hancock.

The home is less than five miles from the local hospital, shopping centers, grocers and located near various recreational opportunities. The city of Hancock has emergency services available. The home has private water and private sewer, both of which have been inspected and approved by the county health department in preparation for licensing. The home is a six-bedroom home, with each resident having a private bedroom. Each resident bedroom has a private half-bathroom attached. There is also one full bathroom available for resident use.

The six resident bedrooms are all equal in size, measuring as follows:

Bedroom 1 11'6" x 14'2" or 164 sq. feet single occupancy
Bedroom 2 11'6" x 14'2" or 164 sq. feet single occupancy
Bedroom 3 11'6" x 14'2" or 164 sq. feet single occupancy
Bedroom 4 11'6" x 14'2" or 164 sq. feet single occupancy
Bedroom 5 11'6" x 14'2" or 164 sq. feet single occupancy
Bedroom 6 11'6" x 14'2" or 164 sq. feet single occupancy

The living room is 29' x 17' or 493 sq. feet.

The dining room is 15'7" x 19' or 298 sq. feet.

The furnace is located in the crawlspace below the home, accessible via fire door through the garage. The plumbing, building, mechanical, and electrical was all inspected and approved within the calendar year.

B. Program Description

The facility provides 24-hour supervision, protection, and personal care for up to six female residents who are aged. There will always be at least one staff person on duty. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or need of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

The licensee designee and administrator is Anita Johnson. A licensing record clearance was completed with no LEIN convictions. Ms. Johnson submitted medical clearance documents which include current negative TB results and there is no physical or mental health conditions existing that would limit her ability to work with or around vulnerable adults. Ms. Johnson provided verification she obtained the experience and education to meet the requirements of licensee designee and administrator for this home.

Ms. Johnson has provided the-home's program statement, admission and discharge policies, and house rules. She has also provided training information that she will be using to train staff.

Ms. Johnson acknowledges an understanding of the requirements to maintain this category license type. She also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. She has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

Ms. Johnson acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, direct access to residents, resident information, or both.

Ms. Johnson 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.

Ms. Johnson acknowledges 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, she acknowledged her responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff

or volunteers and the retention schedule for all the documents contained within the employee's file.

Ms. Johnson acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. She has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

Ms. Johnson acknowledges her responsibility to obtain all 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, she acknowledges her 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. She acknowledges her 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 compliant with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home for a capacity of six.

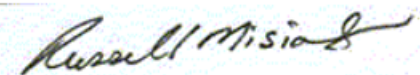


5/21/24

Garrett Peters
Licensing Consultant

Date

Approved By:



5/21/24

Russell B. Misiak

Date

Area Manager