



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 24, 2024

Carol DelRoso
Sherman Opco LLC
Suite 200
7297 Nemco Way
Brighton, MI 48116

RE: Application #: AL530414604
Ludington Woods Supportive Care
502 N. Sherman Street
Ludington, MI 49431

Dear Ms. DelRoso:

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 blue ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL530414604
Applicant Name:	Sherman Opco LLC
Applicant Address:	4500 Dorr Street Toledo, OH 43615
Applicant Telephone #:	(419) 247-2800
Administrator/Licensee Designee:	Carol DelRoso
Name of Facility:	Ludington Woods Supportive Care
Facility Address:	502 N. Sherman Street Ludington, MI 49431
Facility Telephone #:	(231) 845-6100
Application Date:	10/27/2022
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

08/22/2022	Inspection Completed-Fire Safety : A Completed for active license AL530245940
10/27/2022	Enrollment
11/02/2022	PSOR on Address Completed
11/02/2022	Application Incomplete Letter Sent 1326/RI030/Fingerprint for LD and AFC 100 for Admin
02/23/2023	Contact - Document Sent Email requesting missing documents
07/19/2023	Contact - Document Sent 10-day inactive letter
08/01/2023	File Transferred to Field Office GR via SharePoint
08/10/2023	Application Incomplete Letter Sent
10/05/2023	Inspection Completed-Fire Safety : A
06/06/2024	Application Complete/On-site Needed
06/12/2024	Inspection Completed On-site
06/17/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

These 20 beds one level facility has 10 studio bedrooms and 10 one-bedroom units with kitchenettes. Each resident bedroom has a private bath with shower. A large dining area at the front of the facility will accommodate all residents. There is additional living and activity space, for all residents. There is a fully equipped kitchen. It is located within the city limits of Ludington and is adjacent to the Ludington Hospital.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 10/05/2023 the home was inspected by the Bureau of Fire Services. An “Approved” fire safety certification was recommended.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-10	8.5' x 34'	289 square feet	1 per room
11-16	22.8' x 22.8'	519 square feet	1 per room
16-20	12' x48'	576 square feet	1 per room

The living, dining, and sitting room areas measure a total of 1,172 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 20 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 nonambulatory adults who are aged or who are or have a physical handicap and those diagnosed with Alzheimer’s disease 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.

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 all transportation for program and medical needs. 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 Sherman Opco, L.L.C., which is a “Foreign Limited Liability Company”, was established in Michigan, on 06/03/2022. 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.

The Board of Directors of Sherman Opco, L.L.C. has submitted documentation appointing Carol DelRoso as Licensee Designee and 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 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 **3** staff -to- **20** residents per shift during awake hours and **2** staff -to-**20** residents during sleeping hours. 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 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 resident's personal money transactions that have been agreed to be managed by the applicant.

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 large group home (capacity 20).

Rhonda Richards

06/24/2024

Rhonda Richards
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/24/2024

Jerry Hendrick
Area Manager

Date