



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 12, 2024

Lisa Sikes  
Wyoming Care Operations, LLC  
1435 Coit Ave NE  
Grand Rapids, MI 49505

RE: Application #: AL410418566  
Wyoming Woods #3  
Suite 3  
2482 Waldon Woods Dr. SW  
WYOMING, MI 49519

Dear Mrs. Sikes:

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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410418566

**Licensee Name:** Wyoming Care Operations, LLC

**Licensee Address:** 1435 Coit Ave NE  
Grand Rapids, MI 49505

**Licensee Telephone #:** (616) 900-9717

**Administrator/Licensee Designee:** Lisa Sikes, Designee

**Name of Facility:** Wyoming Woods #3

**Facility Address:** Suite 3  
2482 Waldon Woods Dr. SW  
WYOMING, MI 49519

**Facility Telephone #:** (616) 900-9717

**Application Date:** 06/07/2024

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

06/07/2024	On-Line Enrollment
06/10/2024	PSOR on Address Completed
06/10/2024	Contact - Document Sent EIN requested and Fire safety string sent
06/10/2024	Inspection Report Requested - Fire
07/17/2024	Inspection Completed On-site
07/17/2024	Inspection Completed-Env. Health : A
07/17/2024	Inspection Completed-BCAL Full Compliance
07/17/2024	Exit Conference
07/30/2024	File Transferred To Field Office
07/30/2024	Application Complete/On-site Needed
08/05/2024	Inspection Completed-Fire Safety : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Wyoming Woods #3, which is located at 2482 Waldon Woods Dr. SW Suite 3, Wyoming, Kent County, Michigan, is owned by Wyoming Care Operations LLC. The facility is a large building with brick facade. The large group facility sits in a suburban neighborhood in Wyoming, Mi. The facility has adequate parking for multiple vehicles. The facility contains fifteen resident bedrooms, ten private on-suite full bathrooms, one public full bathroom, one public half bathroom, kitchen, dining area, communal living room, and utility/laundry room. There are handrails where required. This facility utilizes public sewer and water systems. The lower level of the facility is not approved for resident use.

The hot water heater and furnace are located in the unfinished utility room in the lower level. The lower level and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 08/05/2024 worked properly. There at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency

telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.03 X 17.06	189	2
2	11.03 X 12.06	132	1
3	12.9 X 16.10	206	2
4	12.05 X 19.02	230	2
5	12.05 X 18.03	218	2
6	18.04 X 12.05	219	2
7	18.04 X 12.03	216	2
8	11.10 X 16.11	192	2
9	19 X 12.07	231	2
10	16.10 X 12.06	202	2
11	18.06 X 12.06	223	2
12	19.03 X 12.06	232	2
13	18.04 X 12.06	221	2
14	17.04 X 11.04	188	2
15	17.05 X 11.03	183	2

**Total Capacity: 20**

The living and dining room areas measure a total of 1267 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.

## **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 **twenty** male and/or female adults aged 50 years and older, who are part of the aged, mentally impaired, developmentally disabled and/or physically handicapped populations, in the least restrictive environment possible. 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.

Wyoming Woods #3 will 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**

The applicant is Wyoming Care Operations LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/22/2023. 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.

Lisa Sikes is the Licensee Designee and Bryan Cramer is the Administrator for this home. Medical and Record Clearance requests for Ms. Sikes and Mr. Cramer were completed with no restrictions noted on either. TB-tine results were negative.

Ms. Sikes and Mr. Cramer have 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 2-staff- to-20 residents during all shifts. The applicant has indicated that direct care staff will be awake during sleeping hours.

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 Ms. Sikes, 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 AFC adult large group home (capacity 20).

*Toya Zylstra*

08/12/2024

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Toya Zylstra  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

08/12/2024

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Jerry Hendrick  
Area Manager

Date