



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2024

Debra Cromwell
Westbrooke Senior Care LLC
457 Aspen Dr
Wixom, MI 48393

RE: Application #: AS630418085
Westbrooke Senior Care LLC
1930 N. Hickory Ridge Rd.
Highland, MI 48357

Dear Ms. Cromwell:

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 (248) 310-5388.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS630418085 |
| | |
| Applicant Name: | Westbrooke Senior Care LLC |
| | |
| Applicant Address: | 457 Aspen Dr Wixom, MI 48393 |
| | |
| Applicant Telephone #: | (248) 755-7254 |
| | |
| Administrator/Licensee Designee: | Debra Cromwell |
| | |
| Name of Facility: | Westbrooke Senior Care LLC |
| | |
| Facility Address: | 1930 N. Hickory Ridge Rd. Highland, MI 48357 |
| | |
| Facility Telephone #: | (248) 755-7254 |
| | |
| Application Date: | 11/20/2023 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | AGED |

II. METHODOLOGY

| | |
|------------|--|
| 07/12/2023 | Inspection Completed-Env. Health: A See AS630337237 |
| 11/20/2023 | Enrollment |
| 11/30/2023 | PSOR on Address Completed |
| 11/30/2023 | Application Incomplete Letter Sent 1326/RI030/FPS |
| 11/30/2023 | Contact - Document Sent forms sent |
| 12/14/2023 | Contact - Document Received 1326/ri030 |
| 01/02/2024 | Application Incomplete Letter Sent A copy of the checklist was sent to the applicant along with examples on how to complete the required information |
| 01/29/2024 | Contact - Document Received I received some of the requested documents. |
| 02/01/2024 | Contact - Document Received I received the applicant's diploma. |
| 03/28/2024 | Contact - Document Sent I emailed a letter to the applicant identifying which documents were approved, missing, and corrections needed. |
| 04/10/2024 | Contact - Document Received I received some corrected documents from the applicant. |
| 04/16/2024 | Contact - Document Sent I emailed a second correction letter to the applicant. |
| 04/28/2024 | Contact - Document Received I received a second set of corrections from the applicant. |
| 08/29/2024 | Contact - Telephone call received A scheduled phone call was received from the applicant. I reiterated which documents were still missing, went through every document and explained each correction. The applicant was advised to submit all of the requested documents in its entirety once all the corrections have been made. |

| | |
|------------|--|
| 09/07/2024 | Contact - Document Received I received revised paperwork from the applicant. |
| 09/18/2024 | Contact - Document Sent I sent another set of corrections to the applicant. The applicant was informed that she is still missing trainings and she needs an updated physical. |
| 09/23/2024 | Contact - Document Received The applicant provided the requested corrections. The applicant is still missing trainings. |
| 09/26/2024 | Contact - Document Received I received the final missing documents from the applicant. |
| 10/23/2024 | Inspection Completed-BCAL Sub. Compliance |
| 10/25/2024 | Application Incomplete Letter Sent A confirming letter was sent to the applicant. |
| 10/31/2024 | Contact- Telephone call made A zoom meeting was held with the applicant to inspect the home to ensure the physical plant corrections have been completed. |
| 11/04/2024 | Contact- Document Received I received a picture of a medication lock box for the refrigerator. The physical plant corrections are complete. |
| 11/04/2024 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Highland, MI. Mr. and Mrs. Cromwell will be living in the basement of the home, where there is a bathroom and shower for their use only. There are six bedrooms and two full bathrooms. The first full bathroom is located in bedroom #4. Mrs. Cromwell was informed that the resident residing in bedroom #4 is the only person that is permitted to use that bathroom. The living room is adjacent to the kitchen and dining area. The kitchen leads to the family room. The family room contains a fireplace. The fireplace is secured to prevent the residents from using it. There is a den area that opens to the first three bedrooms. The facility is wheelchair accessible. The facility has two approved separate and independent means of egress with non-locking against egress hardware. The main exit in the home has a wheelchair

ramp. The second exit has a wheelchair ramp that is connected to a deck. There is a third exit in the facility near the family room. The third exit does not include a wheelchair ramp and is not street level. There is parking available in the driveway. The facility has private water and sewage.

The heating plants are located in the basement. There is a boiler and furnace in the basement. The heating plants were inspected on 10/11/24 and there were no concerns reported. The washer and dryer is also located in the basement near the heating plants. There is a smoke alarm located in every bedroom. There is also a smoke alarm located in between both sleeping areas. There is a smoke alarm and fire extinguisher near the heating plants. There is a fire extinguisher in the kitchen and in the den area near the bedrooms.

The refrigerator and freezer have thermometers. There is a medication cart located in the den area. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. There is not a window in bedroom #4 but there is a window in the bathroom within the bedroom and; there is a sliding door inside the bedroom that easily opens. The bedrooms have a bed, chair, mirror, and closet/wardrobe. The resident's bedroom doors do not have any locks. The bathroom doors do not have any locks.

On 09/29/24, the applicant Debra Cromwell allowed a resident to move in the facility prior to receiving a temporary license to operate an AFC group home. Mrs. Cromwell deliberately disregarded my instructions to not move any residents in the home until she receives a temporary license. Mrs. Cromwell violated PA 218, as amended, MCL 400.713 et seq.; MCL 16.610(51) et seq.

During the follow up inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements. The six resident bedrooms in the home measure as follows:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 7.92 x 11.25 | 89.1 | 1 |
| 2 | 11 x 7.92 | 87.12 | 1 |
| 3 | 7.92 x 10.75 | 85.14 | 1 |
| 4 | 11.58 x 15.66 | 181.34 | 1 |
| 5 | 11.08 x 11.58 | 128.30 | 1 |
| 6 | 15.17 x 11.25 | 170.66 | 1 |

Total Capacity: 6

The living room, den area, and family room measure a total of 812.43 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and house rules were reviewed and accepted as written. Westbrooke Senior Care will provide 24-hour supervision, protection, and personal care to six female and/or male residents. Westbrooke Senior Care submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Westbrooke Senior Care's mission is to provide residential assisted living to residents who can no longer remain in their own home, or who prefer to live in residences that provide long-term care services and desire or require support with activities of daily living but, who do not require 24-hour nursing services. Westbrooke Senior Care will provide long-term senior care as an alternative to institutionalization or short-term care with the goal of independent living. The goals and objectives of Westbrooke Senior Care will include providing a comforting home environment to residents 24-hours, 7 days per week with staff awake and on duty at all times. One-person assistance with dressing, personal hygiene, grooming and medication management as directed by the resident's physician will be provided.

C. Applicant and Administrator Qualifications

The licensee group name is Westbrooke Senior Care LLC. Mrs. Cromwell will act as the licensee designee and administrator. I received a copy of the warranty deed for the facility. Mr. and Mrs. Cromwell are listed on the warranty deed. Mrs. Cromwell completed trainings for nutrition, first aid, CPR, safety and fire prevention, resident rights, foster care, financial administrative and general management, and prevention and containment of communicable diseases. Mrs. Cromwell also provided a training certificate for working with people. This training satisfies the requirement for knowledge of the needs of the population to be served training. Mrs. Cromwell provided two letters from two individuals who confirmed that Mrs. Cromwell has caregiver experience such as providing assistance with activities of daily living, meal preparation, medication administration, and transportation to appointments.

A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Cromwell. Mrs. Cromwell submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test

results. On 11/07/24, I received a medical clearance from a physician documenting Mr. Cromwell good health and a current TB negative test. A background check was completed for Mr. Cromwell via AFC 100 as he is a household member. There were no convictions recorded for Mr. Cromwell.

The staffing pattern for the original license of this six-bed facility is adequate and includes one staff member on duty for each shift.

Mrs. Cromwell acknowledged an understanding of the qualifications, suitability, and training 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.

Mrs. Cromwell acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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 employee's record to demonstrate compliance.

Mrs. Cromwell acknowledged 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 designee can administer medication to residents. In addition, Mrs. Cromwell indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Cromwell acknowledged her responsibility to obtain all required moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mrs. Cromwell acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mrs. Cromwell acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mrs. Cromwell acknowledged her responsibility to obtain the required 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. Mrs. Cromwell also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Cromwell acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mrs. Cromwell acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs. Cromwell acknowledged 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 licensee designee.

Mrs. Cromwell acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mrs. Cromwell indicated that it is her intent to achieve and maintain compliance with these requirements.

Mrs. Cromwell acknowledged 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. Mrs. Cromwell indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mrs. Cromwell acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mrs. Cromwell acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

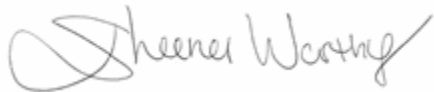
Mrs. Cromwell previously received a copy of the licensing rule book for AFC small group homes, and a copy of the required forms that must be completed for each resident.

D. Rule/Statutory Violations

Westbrook Senior Care was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

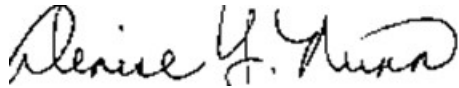
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Sheena Worthy
Licensing Consultant

11/07/24
Date

Approved By:



11/13/2024

Denise Y. Nunn
Area Manager

Date