



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2025

Troy Enright
Whispering Pines Adult Foster Care Home
3941 Lippincott Rd
Lapeer, MI 48446

RE: Application #: AL440418595
Whispering Pines Adult Foster Care Home
3941 Lippincott Rd
Lapeer, MI 48446

Dear Troy Enright:

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 19 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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL440418595

Licensee Name: Whispering Pines Adult Foster Care Home

Licensee Address: 3941 Lippincott Rd
Lapeer, MI 48446

Licensee Telephone #: (810) 664-9970

Licensee Designee: Troy Enright

Administrator: Kimberly Enright

Name of Facility: Whispering Pines Adult Foster Care Home

Facility Address: 3941 Lippincott Rd
Lapeer, MI 48446

Facility Telephone #: (810) 664-9970

Application Date: 06/13/2024

Capacity: 19

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

08/16/2023	Inspection Completed-Env. Health : A See AL440015852
02/02/2024	Inspection Completed-Fire Safety : A See AL440015852
06/13/2024	On-Line Enrollment
06/25/2024	PSOR on Address Completed
06/25/2024	Contact - Document Sent Forms Sent
07/11/2024	Contact - Document Received 1326/RI030, AFC 100
07/30/2024	Application Incomplete Letter Sent
01/15/2025	Inspection Completed-Fire Safety : A
03/20/2025	Comment Previous EHI has now expired.
03/20/2025	Inspection Report Requested - Health
04/07/2025	Inspection Completed-Env. Health : A
04/07/2025	Application complete. On-site needed.
04/07/2025	Inspection Completed On-site
04/07/2025	Inspection Completed-BCAL Full Compliance
04/15/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level building, located in a rural area in the City of Lapeer, MI. This facility is located in close proximity to numerous community businesses and resources. The façade of this facility is a brick and vinyl siding finish. This facility is owned by Whispering Pines Adult Foster care LLC, the applicant.

The furnace and hot water heater are located in a mechanical room with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware

creating floor separation. A fire safety inspection was conducted on 04/02/2025 by a licensed HVAC company and are in good working order. A fire inspection was conducted by the Bureau of Fire Services on 01/15/2025 with an “A” rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the home. This facility is wheelchair accessible.

This facility has been continuously licensed since 1994 so bedrooms with adequate floor space are approved for more than two (2) resident beds. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 04/07/2025. This facility has two wings with resident bedrooms. There are four full bathrooms available for resident use. The bedrooms are as follows:

Bedroom #	Total Sq. Ft.	Resident Beds
1	216 sq. ft.	3
2	230 sq. ft.	3
3	230 sq. ft.	3
4	230 sq. ft.	3
5	74 sq. ft.	1
6	74 sq. ft.	1
7	230 sq. ft.	3
8	140 sq. ft.	2

This facility contains a private dining area for residents to entertain friends and family measuring 1058 sq. ft. The main living area of this facility measures 750 sq. ft. with an additional small sitting area measuring 100 sq. ft. This facility also contains a full industrial kitchen with dining area large enough for all 19 residents. This facility contains a laundry room adequate to meet the needs of 19 residents. This facility has a private well and septic system. An environmental Health inspection was conducted by a Lapeer County environmental health inspector on 04/07/2025 with an “A” rating.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The facility has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied

areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406, and R 400.15407.

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

The applicant, Whispering Pines Adult Foster Care LLC., submitted a copy of the required documentation. 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 19 male or female ambulatory adults, age 18 or older, whose diagnosis is developmentally disabled, physically handicapped, mentally ill, traumatic brain injury, Alzheimer's and/or aged 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.

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 applicant will ensure that the residents' transportation for program and medical needs are met. Whispering Pines Adult Foster Care LLC will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Whispering Pines Adult Foster Care LLC, which is a "Domestic Limited Liability Company", was established in Michigan on 01/28/2005. 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 Whispering Pines Adult Foster Care LLC has submitted documentation appointing Troy Enright as Licensee Designee and Kimberly Enright Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results.

The licensee designee and administrator 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 19-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall 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), L-1 Identity Solutions™ (formerly Identix®), 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 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 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 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 and Statutory Violations

The applicant was in compliance 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 large group home (capacity 13-19).



04/15/2025

Kent W. Gieselman
Licensing Consultant

Date

Approved By:



04/15/2025

Mary E. Holton
Area Manager

Date