



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

January 19, 2007

Robert Moore  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

RE: Application #: AH810287412  
Superior Woods Healthcare Center  
8380 Geddes Rd.  
Ypsilanti, MI 48198

Dear Mr. Moore:

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 26 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 228-2093.

Sincerely,

Andrea Krausmann, Licensing Staff  
Office of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 228-2625

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AH810287412

**Applicant Name:** SSC Superior Township Operating Company, LLC

**Applicant Address:** Suite 1400  
One Ravinia Dr.  
Atlanta, GA 30346

**Applicant Telephone #:** (770) 829-5100

**Authorized Representative/  
Administrator/Licensee Designee:** Robert Moore  
Robert Moore

**Name of Facility:** Superior Woods Healthcare Center

**Facility Address:** 8380 Geddes Rd.  
Ypsilanti, MI 48198

**Facility Telephone #:** (734) 547-7600

**Application Date:** 12/05/2006

**Capacity:** 26

**Program Type:** Aged

## II. METHODOLOGY

12/05/2006	Enrollment
12/12/2006	Inspection Completed – Fire Safety: A
12/12/2006	Application Complete/On-site Needed
12/20/2006	Inspection Completed On-site
12/21/2006	Contact - Document Received Revisions to policies received via fax.
12/21/2006	Inspection Completed-BFS Full Compliance
01/17/2007	Contact – Document Received Revision to addendum correcting facility address from 8383 to 8380.
01/17/2007	Recommend license issuance effective 12/31/2006, in accordance with change of ownership.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Superior Woods Health Care Center is a pre-existing licensed home for the aged in process of changing owners. It is a separate and distinct part of a one-story building attached to a nursing home. The resident rooms accommodate 26 beds. The food is prepared in the licensed nursing home facility and brought over to the home for the aged meal prep area/dining room.

### B. Program Description

The facility provides room, board, and supervised personal care and protection to individuals 60 years of age or older. Appropriate personnel are regularly assigned and work in the distinct part under qualified direction.

According to the facility's program statement, Superior Woods Assisted Living offers a life enriching experience that allows residents to be a part of their own community. It is our goal to provide an environment where each resident's strengths can be optimized through our services.

We are dedicated to providing programs that enable our residents to live with dignity yet remain as independent as possible in a secure environment. We accomplish this by developing a service plan to assist us in catering to each resident's specific needs. An

individual will not be accepted for admission if their needs cannot be met appropriately at our facility.

We are here to ensure that each of our residents lives life to the fullest and to provide families with the reassurance that their loved one is well cared for.

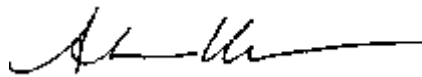
**C. Rule/Statutory Violations**

Technical assistance was provided to the authorized representative on Act and administrative rule requirements related to the home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in compliance with the licensing act and applicable administrative rules.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this home for the aged.



12/21/2006

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Andrea Krausmann  
Licensing Staff

Date

Approved By:



12/27/06

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Betsy Montgomery  
Area Manager

Date