



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

May 1, 2007

Richard Meyer  
Orchard Creek Health Care, Inc.  
9723 E. Cherry Bend Rd.  
Traverse City, MI 49684

RE: Application #: AL450285538  
Orchard Creek Supportive Care  
9739 E. Cherry Bend Road  
Traverse City, MI 49684

Dear Mr. Meyer:

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 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 (231) 922-5309.

Sincerely,

Julie Loncar, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5470

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL450285538
<b>Applicant Name:</b>	Orchard Creek Health Care, Inc.
<b>Applicant Address:</b>	9723 E. Cherry Bend Rd. Traverse City, MI 49684
<b>Applicant Telephone #:</b>	(231) 929-1200
<b>Administrator/Licensee Designee:</b>	Donna Whitney/Richard Meyer
<b>Name of Facility:</b>	Orchard Creek Supportive Care
<b>Facility Address:</b>	9739 E. Cherry Bend Road Traverse City, MI 49684
<b>Facility Telephone #:</b>	(231) 932-9020
<b>Application Date:</b>	08/11/2006
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/11/2006	Enrollment
08/25/2006	Inspection Report Requested - Fire For plan review
09/01/2006	Application Incomplete Letter Sent
12/08/2006	Contact - Document Received proposed home policies
12/22/2006	Contact - Telephone call made discussed changes needed to policies with Robin.
01/11/2007	Contact - Document Received
01/17/2007	Application Incomplete Letter Sent
01/30/2007	Contact - Face to Face
01/30/2007	Contact - Document Received
02/01/2007	Contact - Document Received revised staffing pattern, policies
02/06/2007	Contact - Document Received lease agreement
02/07/2007	Inspection Completed On-site
02/09/2007	Inspection Completed-Fire Safety : A
02/14/2007	Contact - Telephone call made Rick Meyer
03/22/2007	Contact - Telephone call made
03/26/2007	Contact - Document Received Certificate of Occupancy faxed.
04/03/2007	Inspection Completed-BFS Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

This facility is a newly built structure that has 20 individual resident rooms each with large private bath and shower areas. The resident bedroom dimensions of 347 sq. ft and 363 sq ft meet the square footage requirements for adult foster care licensing. The facility has a large common area, activity room, dining area, beauty shop, whirlpool and laundry facilities. The building has forced air gas heating with each resident room having an adjustable thermostat and a newly installed sprinkler system to meet Bureau of Fire Safety requirements. The Bureau of Fire Safety approved this structure for Adult Foster Care on 2/9/2007 and the Benzie Leelanau District Health Department gave full approval for the environmental and health inspection on 1/11/07. A Certificate of Occupancy from Leelanau County Construction Code and Fire Safety was received on 3/26/2007.

#### **B. Program Description**

According to the applicant's Program Statement, Orchard Creek Health Care, Inc. will provide "24 hour basic care, supervision, and protection to those individuals who have dementia illnesses." 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 (20) male or female ambulatory and wheelchair adults 60 years and older, whose diagnosis is Alzheimer's, aged or physically handicapped, in the least restrictive environment possible. The program will include assistance with personal hygiene, medications, social interaction skills and assistance with all other activities of daily living.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plans. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

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 public schools and libraries, local museums, shopping centers, and local parks.

#### **C. Applicant and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee, Richard J. Meyer and the Administrator Donna R. Whitney. Mr. Meyer and Ms. Whitney submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. The Licensee Designee Richard Meyer and the Administrator Ms. Whitney have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The corporation Orchard Creek Health Care Inc, is a Domestic Profit Corporation active in the State of Michigan. The corporation has been active since 7/21/97.

The staffing pattern for the original license of this 20 bed facility includes a minimum of 1 staff to 20 residents for the midnight shift, 2 staff to 20 residents for the afternoon shift of 3:00pm to 11:00pm and 3 staff to 20 residents for the day shift of 7:00am to 3:00pm.

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.mltcpartnership.org](http://www.mltcpartnership.org)), Identix, and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility and complete a criminal background check on employees and contractors pursuant to the statutory requirement of Section 400.734 (b). This check includes a State Police felony conviction check as well as fingerprinting requirements according to the statute.

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

#### **D. Rule/Statutory Violations**

There were no cited rule violations

#### **E. Recommendation**

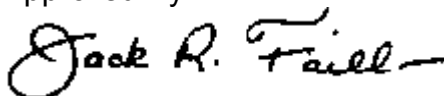
I recommend issuance of a temporary license to this AFC adult large group home capacity of 20.



\_\_\_\_\_  
Julie Loncar  
Licensing Consultant

5/1/2007  
Date

Approved By:



\_\_\_\_\_  
Jack R. Failla  
Area Manager

5/1/2007  
Date