



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 4, 2012

Kathleen Petoskey
Woodland Acres, LLC
2796 Plywood Road
Gaylord, MI 49735

RE: Application #: AL690296963
Woodland Acres LLC
2796 Plywood Road
Gaylord, MI 49735

Dear Ms. Petoskey:

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 16 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 (517) 241-2585.

Sincerely,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL690296963
Applicant Name:	Woodland Acres, LLC
Applicant Address:	2796 Plywood Road Gaylord, MI 49735
Applicant Telephone #:	(989) 731-4020
Licensee Designee:	Kathleen Petoskey
Administrator:	Kathleen Petoskey
Name of Facility:	Woodland Acres LLC
Facility Address:	2796 Plywood Road Gaylord, MI 49735
Facility Telephone #:	(989) 731-4020
Application Date:	06/06/2008
Capacity:	16
Program Type:	AGED ALZHEIMER'S

II. METHODOLOGY

06/06/2008	Enrollment
07/29/2008	Application Incomplete Letter Sent
11/01/2011	Inspection Completed On-site
11/22/2011	Inspection Completed-Env. Health: A
02/17/2012	Inspection Completed On-site
03/03/2012	Application Complete/On-site Needed
03/22/2012	Inspection Completed-Fire Safety: B
03/28/2012	Inspection Completed-Fire Safety: A
04/04/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story structure located several miles west of Gaylord in a wooded residential area. The facility consists of a living room, dining area, sitting room, kitchen, nine resident bedrooms, three full bathrooms, a half-bathroom, laundry room and office.

The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the main floor. The facility has door alarms to notify staff of incoming and outgoing traffic.

The furnace and hot water heaters are located in the crawl space with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the partial stairs. The facility is equipped with an approved pull-station alarm system and a sprinkled system installed throughout.

On March 22, 2012, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended on March 28, 2012.

On November 8 and 22, 2011, the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'6" x 8'10" 2'8" x 1'5"	130.66	2
2	14'6" x 11'3" (7'6" x 2'4")	145	2
3	15' x 9'9"	146	2
4	15' x 9'9"	146	2
5	15'5" x 16'6"	254	2
6	11'9" x 12'	141	2
7	11'1" x 7'10"	86	1
8	10'5" x 8' 9'2" x 6'	138	2
9	10' x 13'4"	133	1

The living, dining, and sitting room areas measure a total of 914 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 16 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 16 male or female ambulatory or nonambulatory adults who are aged or with Alzheimer's disease in the least restrictive environment possible. The facility utilizes door alarms, body alarms and alarm pads on the bedroom floors, as necessary for protection of the residents.

The facility's program objective is to have an environment which is free from stress. Programs for the aged residents and residents with Alzheimer's disease will be provided in a home-like environment to include activities of daily living, health care, exercise and recreational activities, socialization and community outings.

The licensee will provide transportation for program and medical needs. The facility will utilize a variety of leisure and recreational equipment, such as Wii and exercise videos. It is the intent of this facility to utilize local community resources including, shopping centers, movies, church activities, local parks and community events.

C. Applicant and Administrator Qualifications

The applicant is Woodland Acres, L.L.C., which is a “Domestic Limited Liability Company”, established in Michigan on June 13, 2006. 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 Woodland Acres, L.L.C. has submitted documentation appointing Kathleen Petoskey as licensee designee and administrator of the facility.

A criminal history background check was conducted for the licensee designee. She has been determined to be of good moral character. The licensee designee submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Petoskey has operated this facility as a six-bed small group home since 2006. Therefore, she was required to participate and successfully complete annual education training requirements. She also worked in a State run residential facility for 14 years.

The staffing pattern for the original license of this 16 bed facility is adequate and includes a minimum of two staff per 16 residents per shift during awake hours and one staff per 16 residents during sleeping hours. All staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the training, suitability 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), and the related documents required to be maintained in each employees 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 good moral character, medical and training 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 as well as the required forms and signatures to be completed for each resident on an annual basis.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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 applicant.

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 13-16).

Marcia S. Elowsky

04/04/2012

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

4/4/12

Betsy Montgomery
Area Manager

Date