



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 1, 2013

Jason Burghart  
White Oaks, A Randall Residence  
300 White Oak Road  
Lawton, MI 49065

RE: Application #: AL800315841  
White Oaks Assisted Living - I  
300 White Oak Road  
Lawton, MI 49065

Dear Mr. Burghart:

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 effective 04/01/2013.

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 (616) 356-0100.

Sincerely,

Donna Konopka, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL800315841

**Applicant Name:** White Oaks, A Randall Residence

**Applicant Address:** 300 White Oak Road  
Lawton, MI 49065

**Applicant Telephone #:** (269) 624-4811

**Administrator/Licensee Designee:** Jason Burghart

**Name of Facility:** White Oaks Assisted Living - I

**Facility Address:** 300 White Oak Road  
Lawton, MI 49065

**Facility Telephone #:** (269) 624-4811

**Application Date:** 10/24/2011

**Capacity:** 20

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/24/2011	Enrollment
10/28/2011	Contact - Document Sent Rules & Act booklets
10/28/2011	Inspection Report Requested - Health
10/28/2011	Inspection Report Requested - Fire
11/04/2011	Application Incomplete Letter Sent
11/21/2011	Inspection Completed-Env. Health : A
02/15/2012	Contact - Face to Face Met with Licensee Designee to discuss application incomplete letter
11/09/2012	Contact - Document Received Policies submitted for review
12/19/2012	Contact - Face to Face Met with Licensee Designee to review policies and discuss status of application
02/15/2013	Inspection Report Requested - Health
02/28/2013	Inspection Completed-Env. Health : A
03/15/2013	Inspection Completed On-site
03/18/2013	Inspection Completed-Fire Safety : A Email received 02/19/2013 from BFS indicating plan review not required under new rules and to use the last BFS inspection report findings

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The building is a single story structure that houses White Oaks Assisted Living I, White Oaks Assisted Living II and a 20 bed unlicensed assisted living program. White Oaks Assisted Living I is located in the southeast side of the building. The building is located in the Village of Lawton, MI. The facility has 15 bedrooms that include a full bathing facility within the each bedroom. Bedroom numbers 48, 53, 55, 56 and 59 will be licensed for double occupancy; all other bedrooms are designated for single occupancy.

The facility is serviced by a commercial kitchen located within White Oaks Assisted Living I. The large dining room is also used as a multi-purpose room. Residents of White Oaks Assisted Living I also have access to a sitting room, library room, activity room, general store and hair salon that are located in the central area of the building and available for use by residents in the assisted living portion of the building. The facility is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
45, 47, 49-52, 54, 57, 58, 60	15'8" x 11'10"	185	1 (x 10)
55, 56, 59	15'8" x 11'11"	185	2 (x 3)
48 – suite	15'8" x 11'10" 15'8" x 11'10"	370	2
53	15'8" x 11'10" 1'8" x 11'10"	310	2

Note: There is no bedroom number 46 as it is part of the suite in bedroom number 48.

The dining/sitting room areas measure a total of 1482 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility utilizes public water and sewage systems. The facility received an A rating from the Van Buren Co. Environmental Health Department on 02/22/2013.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. The facility is fully sprinkled. The Bureau of Fire Services has inspected the facility and determined it to be in compliance with their applicable rules.

This is a change of ownership/licensee, but the facility itself has been licensed since 01/05/1981. The most recent Bureau of Fire Services (BFS) inspection report was dated 03/14/2012. Brian Byelich of the BFS Plan Review Division reported on 02/19/2013 that under the new BFS rules plan reviews are no longer required on facilities undergoing a change of ownership; that the fire inspector will conduct the next annual inspection based on the new rules.

Based on the above information, it is concluded that this facility can accommodate twenty (20) 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 **twenty (20)** male and female adults who are aged, developmentally disabled or mentally impaired, 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. The applicant intends to accept private pay private pay individuals.

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 licensee will provide for transportation for program and medical needs as identified in the Resident Care Agreement. The facility will make provisions 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 White Oaks, A Randall Residence, which is a "For Profit Corporation" established in Michigan, on 10/01/2008. 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. This is a change of ownership as the previous owners, Charles and Barbara Randall are getting the license in the name of their corporation.

The Board of Directors of White Oaks, A Randall Residence has submitted documentation appointing Jason Burghart as Licensee Designee and as Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Burghart. Mr. Burghart submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Burghart has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He is currently the Licensee Designee and Administrator for this facility, which is undergoing a change of ownership/licensee.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff to 20 residents per shift, during waking hours, the 10pm to 6am shift will have a 1 staff to 20 resident ratio. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

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](http://www.miltcpartnership.org)) 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 good 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).

*Donna Konopka*

03/29/2013

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Donna Konopka  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

03/29/2013

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Jerry Hendrick  
Area Manager

Date