



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 26, 2013

Paul Wyman  
Retirement Living Management of Greenville  
1845 Birmingham SE  
Lowell, MI 49331

RE: Application #: AL590337155  
Green Acres-Supportive Care  
1603 Winter Creek Court  
Greenville, MI 48838

Dear Mr. Wyman:

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 (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL590337155
<b>Applicant Name:</b>	Retirement Living Management of Greenville
<b>Applicant Address:</b>	1845 Birmingham SE Lowell, MI 49331
<b>Applicant Telephone #:</b>	(616) 897-8000
<b>Administrator</b>	Susan Hoeflinger
<b>Licensee Designee:</b>	Paul Wyman
<b>Name of Facility:</b>	Green Acres-Supportive Care
<b>Facility Address:</b>	1603 Winter Creek Court Greenville, MI 48838
<b>Facility Telephone #:</b>	(616) 754-8850 1
<b>Application Date:</b>	0/04/2012
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

10/04/2012	Enrollment
10/04/2012	Contact - Document Sent Rules & Act booklets
10/18/2012	Inspection Report Requested - Health Inv. #1020833
10/18/2012	Inspection Report Requested - Fire Plan Review
10/18/2012	Lic. Unit file referred for criminal history review Paul - RS
10/19/2012	File Transferred To Field Office Lans
11/30/2012	Application Incomplete Letter Sent
03/27/2013	Inspection Completed-Env. Health : A
04/08/2013	Inspection Completed On-site
04/17/2013	Inspection Completed- Fire Safety: A
04/22/2013	Contact- Document received
04/23/2013	Inspection Completed- BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Green Acres Supportive Care is a single story, ranch style building located within the city of Greenville, Michigan. The facility is located minutes away from local restaurants, shops and medical offices. The interior of the facility is styled after a streetscape motif and gives the perception of walking down the street before entering your personal resident apartment. There are twenty private resident apartments in the facility. Three of the apartments provide 680 square feet of personal living space and contain a personal living room (132 square feet), kitchenette, dining area, full bathroom, and bedroom (115 square feet). The remaining 17 resident apartments provide approximately 430 square feet of personal living space and contain a personal living area (108 square feet), small dining space, kitchenette, full bathroom, and bedroom (93 square feet). The facility also provides two large public living areas, dining area that

seats at least 20 residents, a smaller dining/activity space that seats at least 12 residents, laundry facilities, beauty/barber shop and a large commercial kitchen. The facility is wheelchair accessible with adequate doorway and hallway widths and all means of egress are located at grade. All exterior doors are armed with an alarmed security system. The facility utilizes the public water systems and public sewage disposal system. The facility was inspected by the Montcalm County Mid-Michigan Health Department on 03/27/2013 and was determined to be in substantial compliance with all applicable rules with an 'A' rating.

The facility uses a natural gas burning boiler system which is located in a locked boiler room in the facility. This room is equipped with a fire-rated metal door that has an automatic self-closing device and positive latching hardware. This heating system is used for resident rooms 201-212 and the main dining area. Resident rooms 301-308 are heated by a natural gas radiant heating system. This section of the facility was recently added to the building and required its own heating unit. This is also located in a heat plant room on the same level as the facility and is equipped with a fire-rated metal door that has an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas and near all flame- or heat-producing equipment. The facility is also fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility was given final approval and an 'A' rating by the Bureau of Fire Safety on 04/12/2013.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
201-209 (nine bedrooms)		430 square feet	One resident per bedroom
210-212 (three bedrooms)		680 square feet	One resident per bedroom
301-308 (eight bedrooms)		430 square feet	One resident per bedroom
Living Area	25' x 17'	425 square feet	
Dining Area	19' x 25'	475 square feet	

Small dining/activity area	14'6" x 22'9"	330 square feet	
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The indoor public living and dining areas measure a total of 1230 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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 intends to provide 24-hour supervision, protection and personal care to twenty male and/or female residents who are aged or who have Alzheimer's disease or related conditions. The program will include identifying, emphasizing, and building on each resident's abilities, social interaction to develop and maintain meaningful relationships; encourage independence and community involvement, and opportunities to celebrate life and fun. Transportation to medical appointments is available to residents for a fee. The applicant intends to accept residents with private sources for payment.

For residents diagnosed with Alzheimer's Disease and/or a related condition, additional assessment information will be gathered at the time of admission to better understand how the diagnosis of Alzheimer's/dementia impacts the individual so that staff members can be properly informed of how best to care for that individual on a daily basis. The facility plans to use a *Lifestyle Survey* to gather information regarding daily routine, likes/dislikes, interests, hobbies, dietary habits, etc. The survey will be completed with the resident and the resident's family and friends to gain an all-around understanding of the individual. The facility will continually assess the resident and share progress and changes through care conferences and make adjustments as necessary. Staff members are trained to understand the disease process of Alzheimer's/dementia and how to approach a person who has dementia. Staff are trained with practical approaches for interactions, recognizing signs of problems and how to manage difficult behaviors. The exit doors are all alarmed and other security mechanisms can be added as needed.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local library, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

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

The applicant is Retirement Living Management of Greenville, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 4/21/1999. The facility is currently licensed as a 12 bed AFC facility and has successfully been in business since its opening in 2002. The applicant submitted a current financial statement and an established budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Retirement Living Management of Greenville, L.L.C. have submitted documentation appointing Paul Wyman as licensee designee for this facility and Sue Hoeflinger as the administrator of the facility.

Criminal history background checks of licensee designee Paul Wyman and administrator Sue Hoeflinger were completed and they were determined to be of good moral character to provide licensed adult foster care. Paul Wyman and Sue Hoeflinger submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Licensee designee Paul Wyman and administrator Sue Hoeflinger have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Wyman has worked with elderly individuals and those diagnosed with Alzheimer’s/dementia for the past 18 years. For the past 12 years he has served as the owner/licensee designee for multiple adult foster care facilities. He has various training, beyond what is required, in issues specific to the elderly population. Administrator Sue Hoeflinger has provided direct care and service to elderly individuals and those diagnosed with Alzheimer’s/dementia for the past 10 years. She has worked as the administrator for Green Acres since 2008 and has much experience with assessing residents and meeting resident needs.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of two staff for twenty residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan

Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) or licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

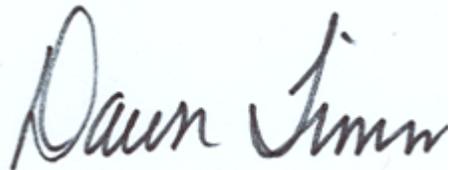
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of twenty residents.



04/26/2013

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



4/26/13

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Betsy Montgomery  
Area Manager

Date