



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

May 1, 2015

Bradford Martell
Whispering Oaks Assisted Living LLC
210 Hodenpyl Rd. SE
Grand Rapids, MI 49506

RE: Application #: AS410357564
Whispering Oaks Assisted Living
6601 Crystal Downes Dr SE
Caledonia, MI 49316

Dear Mr. Martell:

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 6 is issued.

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,

A handwritten signature in cursive script, reading "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 295-3777

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS410357564
Applicant Name:	Whispering Oaks Assisted Living LLC
Applicant Address:	210 Hodenpyl Rd. SE Grand Rapids, MI 49506
Applicant Telephone #:	616-402-0477
Administrator/Licensee Designee:	Bradford Martell, Licensee Designee
Name of Facility:	Whispering Oaks Assisted Living
Facility Address:	6601 Crystal Downes Dr SE Caledonia, MI 49316
Facility Telephone #:	(616) 554-3288
Application Date:	02/10/2014
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

02/10/2014	Enrollment
02/18/2014	Contact - Document Sent Rule & ACT Books
02/18/2014	File Transferred To Field Office Grand Rapids
02/20/2014	Comment file rec'd GR
02/20/2014	SC-Application Received - Original
06/03/2014	Comment The application was transferred to my load on this date 06/03/2014.
06/03/2014	Contact - Telephone call made I called the applicant Brad Martell and he said they are reworking the home to meet the licensing requirements. He stated he would let me know about 2 weeks ahead when they are ready for the inspection.
06/03/2014	Application Incomplete Letter Sent
01/23/2015	Contact - Document Received Received a note from Licensing Consultant Edna Albert, saying Mr. Martell requested his OLSR.
01/23/2015	Contact - Telephone call made I telephoned Mr. Martell and he stated that he thought Ms. Albert misunderstood his request. He stated that the home is not finished yet. His builder has serious health problems but he is now back and he will call us in 2 to 4 weeks to do our inspection. Ms. Albert told me that she told me the wrong document that he had requested. She said he wanted the Incomplete Original Application letter. He did not mention it during our telephone conversation. I copied and sent the Incomplete Original Application letter to him on this date.
02/09/2015	Contact - Document Received Received a letter from Brad Martell. His Medical Clearance Request was attached and was dated 10/27/2014.
04/16/2015	Application Complete/On-site Needed On-site inspection scheduled on Wednesday, April 22, 2015

04/22/2015 Inspection Completed-BCAL Sub. Compliance

04/28/2015 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home located in the city of Caledonia. The main level of the facility consists of three bedrooms approved for resident use. There are two full bathrooms, a family room, a dining area, a kitchen and a laundry room located on the main level. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage systems.

The gas furnace and hot water heater are located in the lower level of this facility with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of stairs. The lower level of this facility is not approved for resident use. This facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'2"X16'9"- 2'4"X8'5"	251.23	2
2	11'6"X13'7"- 2'6"X6'2"	140.74	2
3	13'4"X11'11"- 6'5"X2'4"	143.93	2

The living, dining, and sitting room areas measure a total of 362.32 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)**

male or female ambulatory adults whose diagnosis is 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 residents from Kent County-DHS and Kent County CMH (network 180), or private pay individuals as a referral source.

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 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

The applicant is Whispering Oaks Assisted Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/29/2014. 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 members of Whispering Oaks Assisted Living, L.L.C. have submitted documentation appointing Brad Martell as Licensee Designee for this facility and Nadine Martell as the Administrator of the facility.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. 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 not 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) 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.

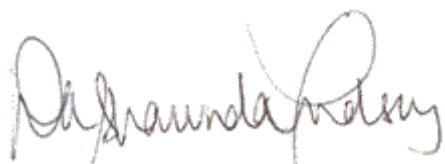
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary (original) license with a capacity of 6.



05/01/2015

DaShawnda Lindsey, Consultant

Date

Approved By:



05/01/2015

Jerry Hendrick, Area Manager

Date

