



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

April 12, 2016

Timothy Stoll
729 Ladyman Road
Sherwood, MI 49089

RE: Application #: AS130380035
Whispering Meadows
10191 17 Mile Road
Marshall, MI 49068

Dear Mr. Stoll:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Donna Konopka".

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

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS130380035
Applicant Name:	Timothy Stoll
Applicant Address:	729 Ladyman Road Sherwood, MI 49089
Applicant Telephone #:	(269) 832-7894
Administrator:	Julie Stoll
Name of Facility:	Whispering Meadows
Facility Address:	10191 17 Mile Road Marshall, MI 49068
Facility Telephone #:	(269) 789-2692
Application Date:	07/19/2015
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/19/2015	Enrollment Online enrollment
10/22/2015	Contact - Document Sent Rules & Act booklets
10/22/2015	Application Incomplete Letter Sent FP's for Tim; additional \$40
10/23/2015	Comment FP's for Tim & Julie
10/26/2015	Contact - Document Received \$40 fee
11/10/2015	Application Incomplete Letter Sent
12/14/2015	Contact - Document Received
01/26/2016	Contact - Document Received
02/05/2016	Inspection Report Requested - Health
02/19/2016	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a change of ownership application. The home was most recently licensed as a small group home and had been licensed as a family home in the past. It is a ranch-style modular home with a full basement located in a rural area outside of Marshall, MI. Residents will occupy the first floor of the home, which consists of five resident bedrooms, one and one half bathrooms, a kitchen, dining room and living room. Four bedrooms are located in the southwest section of the home and the fifth on the north side; a toilet area is located near each bedroom area. The home has two wheelchair ramps that exit from the first floor. The property is owned by Timothy and Julie Stoll, who are respectively, the licensee and administrator.

The home has a private water and septic system. The initial *Environmental Health Inspection Report* of 03/14/2016 disapproved the facility's water supply based on a positive test for coliform bacteria. After the well was treated and tested, the facility received full approval of the private water supply and sewage disposal systems on 04/06/2016.

The gas furnace, water heater and laundry area are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. On 02/16/2016, A. Johnson Heating & Cooling, LLC inspected the furnace and found it to be in good condition. The applicant has submitted a statement indicating that the basement fireplace will not be used by staff or residents for any purpose.

The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Tasker Electric LLC inspected the system on 02/18/2016 on found it to be in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 7'10"	93	1
2	7'8" x 11'1"	84	1
3	7'8" x 11'1"	84	1
4	7'10" x 11'1"	86	1
5	Per previous floor plan	145	2

The living and dining room areas exceed 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 adults who are aged with physical handicaps in the least restrictive environment possible. The home is a non-smoking facility. The program will include social interaction and assistance with personal hygiene as needed. 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 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 transportation as identified in the Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's outside employment.

Background checks for the Timothy Stoll, applicant, and Julie Stoll, administrator, and established their good moral character. Mr. and Ms. Stoll submitted statements from a physician documenting their good health and current TB-tine negative results.

Mr. and Ms. Stoll 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 six bed facility is adequate and includes a minimum of one staff to six 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 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).

Donna Konopka

04/12/2016

Donna Konopka
Licensing Consultant

Date

Approved By:

Betsy Montgomery

4/12/16

Betsy Montgomery
Area Manager

Date