



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 6, 2017

Anita Anderson
4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

RE: Application #: AF610387939
Woodland Gardens Fruitport
4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

Dear Anita Anderson:

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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF610387939
Licensee Name:	Anita Anderson
Licensee Address:	4791 E. Mt. Garfield Rd. Fruitport, MI 49415
Licensee Telephone #:	(231) 760-3023
Administrator/Licensee Designee:	N/A
Name of Facility:	Woodland Gardens Fruitport
Facility Address:	4791 E. Mt. Garfield Rd. Fruitport, MI 49415
Facility Telephone #:	(231) 760-3023
Application Date:	04/13/2017
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

04/13/2017	On-Line Enrollment
04/19/2017	Inspection Report Requested - Health 1026864
04/20/2017	Contact - Document Sent Rule & ACT Books
05/03/2017	Inspection Completed-Env. Health : D
05/03/2017	Inspection Completed-Env. Health : C The Health Dept gave a temporary until 08/23/2017
05/09/2017	Contact - Document Received 1326/Fingerprint/RI 030 for Anita Anderson and 1326's for Cassandra Green and Marilyn Buit
05/09/2017	Lic. Unit file referred for background check review 1326 for Anita Anderson
05/09/2017	PSOR on Address Completed
05/25/2017	Contact - Document Received 1326 for Responsible Person Dorothy Langford
05/31/2017	Lic. Unit received background check file from review NS and continue processing - CP
05/31/2017	File Transferred To Field Office Grand Rapids
06/22/2017	Comment Please note that I did not receive this file until 06/22/2017.
06/23/2017	Application Incomplete Letter Sent
08/02/2017	Contact - Document Received Anita Anderson Credit Score.
08/09/2017	Contact - Document Received Received Adult Foster Care Facility Annual Budget for the Budget, Financial Statement, Facility Balance Sheet, and Page 4 of app.
08/11/2017	Contact - Document Received Received 126A on Myra Crystal May and Emergency Policies, Medical Fire and Severe Weather.

08/21/2017	Contact - Document Received Floor Plan.
10/23/2017	Inspection Completed-Env. Health : A Received the report on 12/01/2017.
11/21/2017	Contact - Document Received Received a copy of the signed Lease Agreement with KEAL PROPERTIES and Anita Anderson Renewal Lease for one (1) year, of 4791 E. Mt. Garfield Rd. Fruitport, 40415
11/21/2017	Contact - Document Received Received a signed statement from KEAL Properties and Ron Langford to have permission to inspect the property.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an older two-story home with a newer single story addition. The home is located in a rural area outside of the city of Fruitport. The facility entrance is wheelchair accessible. There is 1 approved means of egress that is equipped with a ramp from the first floor. This is located at the exit at the back of the facility. The main floor of the home consists of a dining room, two lounge/living rooms, a kitchen, seven bedrooms, two full bathrooms, a laundry room, storage room, and office and a mechanical room. In addition, all seven resident bedrooms have a bathroom with a sink and a toilet attached to each resident bedroom. The second story contains four unused rooms that are not approved for resident use. The basement is also not approved for resident use.

A licensed electrician has installed smoke detectors powered from the building's electrical system with single station, battery backup. When activated the alarm is audible in all sleeping rooms with doors closed.

The home has a utility room located on the main floor which contains a propane furnace and hot water heater. The room has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The oil furnace and hot water heater is 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 is located at the top of the stairs to form a floor separation.

A 1-3/4 inch solid core door with an automatic self-closer has been installed at the top of the stairs of the basement to form a floor separation. The heat plan is located in the basement. The home will utilize private water and septic system. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup

which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 10" x 14' 7"	182 square feet	1
2	13' 10' x 14' 7"	182 square feet	1
3	13' 10" x 14' 7'	182 square feet	1
4	13' 10" x 14' 7"	182 square feet	1
5	9' 8" x 14' 7"	126 square feet	1
6	9' 8" x 14' 7"	126 square feet	1
7	13' 10" x 14' 7'	182 square feet	1

The living, dining, and sitting room areas measure a total of 734 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

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory and/or residents who are handicapped, and whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents that 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 residents' 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 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 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 that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 family home (capacity 6).

Arlene B. Smith

12/06/2017

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

12/06/2017

Jerry Hendrick
Area Manager

Date

