



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 10, 2018

Paul Wyman  
Retirement Living Management of Wayland LLC  
1845 Birmingham  
Lowell, MI 49331

RE: Application #: AL030389307  
Green Acres of Wayland II  
268 Kay Lane  
Wayland, MI 49348

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 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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AL030389307
<b>Applicant Name:</b>	Retirement Living Management of Wayland LLC
<b>Applicant Address:</b>	1845 Birmingham Lowell, MI 49331
<b>Applicant Telephone #:</b>	(616) 897-8000
<b>Licensee Designee:</b>	Paul Wyman
<b>Administrator:</b>	Jenny Osentoski
<b>Name of Facility:</b>	Green Acres of Wayland II
<b>Facility Address:</b>	268 Kay Lane Wayland, MI 49348
<b>Facility Telephone #:</b>	(269) 792-1500
<b>Application Date:</b>	07/11/2017
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

07/11/2017	Enrollment Online enrollment
07/13/2017	Inspection Report Requested - Health Inv. #1027200
07/13/2017	Contact - Document Sent Fire Safety String
07/13/2017	Contact - Document Sent Rule & Act booklets
07/13/2017	Licensing Unit file referred for background check review Paul (LD) - RS
07/13/2017	Application Incomplete Letter Sent Received cl's for Paul (LD) & Jenny (Admin)
07/13/2017	Contact - Document Received Received cl's for Paul & Jenny
07/21/2017	Application Incomplete Letter Sent
03/14/2018	Inspection Completed-Fire Safety : A
03/14/2018	Application Complete/On-site Needed
04/09/2018	Inspection Completed On-site
04/10/2018	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Green Acres of Wayland II is located at 268 Kay Lane, Wayland, Michigan, which is in Allegan County, and is owned and operated by Retirement Living Management Wayland LLC. This facility is a new building connected to Green Acres of Wayland, a 20-bed Adult Foster Care that was originally licensed on July 15, 2015. Green Acres of Wayland II is also a 20-bed, single story building that has a large dining area, activity rooms, a hair salon, laundry room, water heater/furnace room, two nurses' stations, an administrator's office, and community bathrooms. Each bedroom also has a kitchenette, living area, and a full, private bathroom. The entire facility is wheelchair accessible.

The building is on a slab and the water heater/furnace room is equipped with a 1 ¾ inch solid core door with an automatic self-closing device and positive-latching hardware. The facility is equipped with an inter-connected, hardwired smoke detection system with battery back-up, as well as a sprinkler system which were installed by licensed professionals. There are at least four operable A-B-C fire extinguishers attached to the walls and are easily accessible. Evacuation routes are placed on the walls in conspicuous places. This facility was inspected by the Bureau of Fire Services on 03/14/2018 and was given full approval.

This facility utilizes public water and sewage services.

Medications will be kept in a lockable medication cart, which will be stored in the nurse's station.

The City of Wayland has granted zoning approval for this facility to operate as a large Adult Foster Care group home.

The facility has at least one person who was trained in proper food storage, handling, and preparation.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'X8'4"	82.5	1
2	10'X8'4"	82.5	1
3	10'X8'4"	82.5	1
4	10'X8'4"	82.5	1
5	10'X8'4"	82.5	1
6	10'X8'4"	82.5	1
7	11'X8'9"	96	1
8	10'X9'6"	95	1
9	10'X9'6"	95	1
10	10'X9'6"	95	1
11	9'X7'5"	66	1
12	8'X8'4"	66	1
13	8'X8'4"	66	1
14	8'X8'4"	66	1
15	8'X8'4"	66	1
16	8'X8'4"	66	1
17	8'X8'4"	66	1
18	8'X8'4"	66	1
19	8'X8'4"	66	1
20	8'X8'4"	66	1

**Total Capacity: 20**

The common areas, dining room, activity areas, and private living rooms measure to a total of approximately 3100 square feet. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 20 male and/or female adults aged 55-99 years old, who may be diagnosed with dementia, including Alzheimer's, and/or who are physically disabled in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Green Acres of Wayland II will provide transportation to residents for doctor and dental visits for an additional charge. The vehicles used for transportation are in good working order and contain first aid kits. Emergency transportation will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there. Green Acres of Wayland II does have access to company vans for outings and first aid kits are kept in them. These vans are also properly maintained.

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

Paul Wyman is the Licensee Designee and Jenny Osentoski is the Administrator for this home. Medical and Record Clearance requests for Mr. Wyman and Mrs. Osentoski

were completed with no restrictions noted on either. Their TB-tine results were negative.

Mr. Wyman has 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 twenty-bed facility is 3-staff-to-20 for 1<sup>st</sup> and 2<sup>nd</sup> shifts, and 2-staff-to-20 for 3<sup>rd</sup> shift.

The applicant acknowledges an understanding of the training and qualification 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)), Identogo, 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 Mr. Wyman or Mrs. Osentoski, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

**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 license to this adult foster care large group home (capacity 20).



April 10, 2018

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



April 11, 2018

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Jerry Hendrick  
Area Manager

Date