



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 1, 2018

Nathan Westfall  
West Winds Adult Foster Care LLC  
8700 W Montgomery Rd  
Camden, MI 49232

RE: License #: AM120387704  
**West Winds Adult Foster Care LLC**  
**912 Kelly Rd**  
**Montgomery, MI 49255**

Dear Mr. Westfall:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction (due by June 15, 2018).

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License #:** AM120387704

**Licensee Name:** West Winds Adult Foster Care LLC

**Licensee Address:** 912 Kelly Rd  
Montgomery, MI 49255

**Licensee Telephone #:** (517) 296-4294

**Licensee/Licensee Designee:** Nathan Westfall, Designee

**Administrator:**

**Name of Facility:** West Winds Adult Foster Care LLC

**Facility Address:** 912 Kelly Rd  
Montgomery, MI 49255

**Facility Telephone #:** (517) 296-4294

**Original Issuance Date:** 11/02/2017

**Capacity:** 12

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2018

Date of Bureau of Fire Services Inspection if applicable: 09/26/2017

Date of Health Authority Inspection if applicable: 08/21/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There were no residents admitted into the facility at the time of the on-site inspection.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There were no residents admitted into the facility at the time of the on-site inspection; therefore, only previous medication logs were reviewed.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
There were no residents admitted into the facility at the time of the on-site inspection.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There were no incident reports submitted during the temporary license period.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

#### **R 400.14208**

#### **Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

- (a) Name, address, telephone number, and social security number.**
- (b) The professional or vocational license, certification, or registration number, if applicable.**
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.**
- (d) Verification of the age requirement.**
- (e) Verification of experience, education, and training.**
- (f) Verification of reference checks.**
- (g) Beginning and ending dates of employment.**
- (h) Medical information, as required.**
- (i) Required verification of the receipt of personnel policies and job descriptions.**

- The employee record did not contain a copy of the driver's license and proof of age.
- The licensee reported to have known the employee for many years, prior to her employment; however, there was no documentation of the reference checks being completed.

#### **R 400.14310**

#### **Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

- There were no weight records documented for one resident.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Mahtina Rubritius*

05/01/2018

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Mahtina Rubritius  
Licensing Consultant

Date