



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 18, 2016

Randall Gasser
Woodhaven Retirement Community
29667 Wentworth Ave.
Livonia, MI 48154

RE: Application #:	AS090380411 Woodhaven at Bay City 3740 Two Mile Road Bay City, MI 48706
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Dear Mr. Gasser:

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,

Mary T. Fischer, Licensing Consultant
Bureau of Community and Health Systems
1509 Washington, Suite A
Midland, MI 48640
(989) 293-6338

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090380411
Applicant Name:	Woodhaven Retirement Community
Applicant Address:	29667 Wentworth Ave. Livonia, MI 48154
Applicant Telephone #:	(734) 261-9000
Administrator/Licensee Designee:	Randall Gasser, Designee
Name of Facility:	Woodhaven at Bay City
Facility Address:	3740 Two Mile Road Bay City, MI 48706
Facility Telephone #:	(989) 439-9333
Application Date:	10/21/2015
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/21/2015	Enrollment
11/13/2015	Application Incomplete Letter Sent 1326/Randall.
11/13/2015	Contact - Document Sent Act & Rules.
12/14/2015	Application Complete/On-site Needed
12/14/2015	File Transferred To Field Office Saginaw.
01/04/2016	Application Incomplete Letter Sent
02/09/2016	PSOR on Address Completed None identified in immediate area.
05/11/2016	Inspection Completed On-site Address of this facility is wrong.
05/12/2016	Contact - Document Sent email to Licensee Designee to have the address corrected for this newly constructed facility.
05/16/2016	Contact - Document Sent: email to Central Office regarding the address change needed for this enrollment.
06/15/2016	Contact - Document Received
06/22/2016	Inspection Completed On-site
06/30/2016	Contact - Document Received completed and corrected forms required to complete licensing application.
07/13/2016	Inspection Completed-BCAL Full Compliance
07/13/2016	Recommend Licensing this Small Group Home.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

The Woodhaven of Livonia Corporation is a part of the Apostolic Christian Church of America and is devoted to providing individualized needs to all residents, provide a quality care that ensures dignity and respect to their residents at all times. The Woodhaven at Bay City facility is a newly constructed single story, handicap accessible duplex. The facility is built on a slab. The facility has four separate unlicensed independent living apartments on the south end separated from the group home side by a fire wall, and unlocked fire door. The fire door between the two duplexes will be permitted to remain unlocked as per the Continuing Care Community Disclosure Act of 2014, signed by Governor Snyder on 12/31/14. This public act allows for co-mingling of

residents in the continuum of care in a registered assisted living side with residents in a licensed facility. Woodhaven of Bay City is specifically mentioned as one of the facilities which meets this designation. All of the entrances to the facility are at street level, no ramps are needed for handicap accessibility. The main entrance to the Woodhaven of Bay City has a security code panel so that visitors will need to be allowed into the facility by the staff person on duty, but each resident will have a key to allow themselves into the facility independently. The Woodhaven at Bay City facility is on the North side of Bay City, within blocks of shopping, medical care and a variety of municipal services. City bus transportation is available to the residents for independent outings. The facility also provides a van so that transportation services are available for their residents. The Woodhaven at Bay City facility has 6 private resident bedrooms and one private guest room for visitors of the residents. The private resident rooms include a full private bathroom, and a separate sitting room. The Apostolic Christian Church of America is the founder of the Woodhaven facilities and has developed senior living long term care facilities around the State of Michigan. These facilities were originally designed to provide long term care services for their congregational members. The Woodhaven facilities are now offering their long term care services to the general public. The Woodhaven Administrator will be responsible for assuring the occupants staying in the guest room are of good moral character.

The furnace and hot water heater are located on the main floor with a self-closing, 1-3/4 inch solid core door in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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
1-6	22 x 18.9	398	Single occupancy

The living, dining, and sitting room areas measure a total of 967.2 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 aged or physically handicapped, 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. Residents will be referred from: Senior Services. The Residents of the independent living apartments will be offered the life lease option, which will follow them into the Adult Foster Care and remain in effect until they discharge. Life lease programs originate in the apartment settings. Therefore, those life lease residents who age in place and need assisted living will continue under the life lease contract throughout their stay in the AFC.

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 Woodhaven of Livonia, Inc. d.b.a. Woodhaven at Bay City, which is a Non Profit Corporation was established in Michigan, on 10/01/84. 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.

A licensing record clearance request was completed with no lein convictions recorded for Randall W. Gasser, the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting Mr. Gasser's good health and current TB-tine negative results.

The licensee designee and administrator 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 6 -bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

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), Morpho Trust (formerly Identix ®), and the related documents required to be maintained in each employees 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 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 file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within 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.

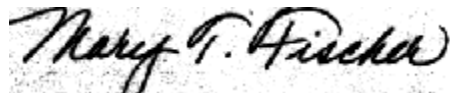
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

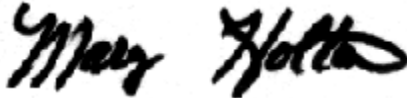
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



07/18/2016

Mary T. Fischer Licensing Consultant	Date
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Approved By:



07/19/2016

Mary E Holton Area Manager	Date
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