



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 1, 2020

Anita Anderson  
4791 E Mt Garfield Rd  
Fruitport, MI 49417

RE: Application #: AS700402240  
Woodland Gardens Spring Lake  
18157 174th Ave  
Spring Lake, MI 49456

Dear Ms. 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) 356-0100.

Sincerely,

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

Arlene B. Smith, MSW, 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**

<b>License #:</b>	AS700402240
<b>Licensee Name:</b>	Anita Anderson
<b>Licensee Address:</b>	4791 E Mt Garfield Rd Fruitport, MI 49417
<b>Licensee Telephone #:</b>	(231) 760-3023
<b>Administrator/Licensee Designee:</b>	Anita Anderson
<b>Name of Facility:</b>	Woodland Gardens Spring Lake
<b>Facility Address:</b>	18157 174th Ave Spring Lake, MI 49456
<b>Facility Telephone #:</b>	(616) 935-7250
<b>Application Date:</b>	11/01/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

11/01/2019	On-Line Enrollment
11/04/2019	File Transferred to Field Office Grand Rapids
11/08/2019	Application Incomplete Letter Sent
01/15/2020	Contact - Document Received From the Licensee Designee, Anita Anderson.
01/27/2020	Contact - Document Received Email received from Applicant, Anita Anderson.
05/18/2020	Contact - Document Received Received "Certificate of Occupancy, Spring Lake Township
05/21/2020	Contact - Document Received Program Statement, Admission Policy and Discharge Policy.
05/27/2020	Contact - Document Received Received email from Applicant, Anita Anderson, verification of required classes, and her CPR and First Aid cards.
06/23/2020	Application Complete/On-site Needed
06/23/2020	Inspection Completed On-site
06/23/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

This home is unique, and its original building date is unknown, but it has been around for an extended period of time and had several businesses operating in it. The home is built with block and frame and is a ranch style. The owner replaced the old roof and gutted the inside of the home. The entire home has been redone and updated. The home does not have a basement. The home is located in a subdivision of Spring Lake. The main floor contains a living room, dining room, kitchen, a utility room which contains the electric water heater and washer and electric dryer, a full bath, a shower room, 6 resident bedrooms and five of the bedrooms have an attached ½ bath and one bedroom for staff and this bedroom has a ½ bath. The home is wheelchair accessible and has 2 approved means of egress. There are no ramps because the home is all on the same level. The home will utilize public water and sewage.

The gas furnace is located in the attic. The ceiling to the attic has a pull-down stairway. The furnace is in a fire room with all sides made of 5/8" drywall which includes the ceiling and there is a door on this room. The mechanical inspector required that this furnace room have a 1-hour-fire resistance rating with a 3-hour-fired-resistance rated floor. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The electric hot-water heater is located in the utility room with the washer and dryer.

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' 6" x 10' 2 "	127	1
2	12' 6" x 10' 2"	127	1
3	12' 11" x 10' 4"	132	1
4	10' 4" x 14'	144.6	1
5	16' 2" x 12' 6"	202	1
6	16' 2" x 12' 6"	202	1

The living, dining, and sitting room areas measure a total of 525 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 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 or handicapped, whose diagnosis is aged 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. The applicant intends to accept residents only 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, and the responsible agency.

The licensee will not provide transportation for program and medical needs. They will use public transportation and family members to transport residents for their

appointment. 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 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 spouse who has outside employment. The Licensee Designee has another small six-bed licensed Adult Foster Care home, which she will have an income from. This home is Woodland Gardens and is located in Fruitport, License # AS610401614.

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

The licensee designee/administrator 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 6 -bed facility is adequate and includes a minimum of 1 staff –to- 6 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 not 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](http://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. The Licensee Designee will not manage resident's personal monies

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.

**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 six-month temporary license to this adult foster care small group home capacity 6.

*Arlene B. Smith*

07/01/2020

---

Arlene B. Smith MSW  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

07/01/2020

---

Jerry Hendrick  
Area Manager

Date