



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 13, 2020

Daniel Story
Wildwoods Assisted Living LLC
1595 Parmenter Road
Corunna, MI 48817

RE: Application #: AS780404606
Wildwoods Assisted Living
1595 Parmenter Road
Corunna, MI 48817

Dear Mr. Story:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-8967

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780404606
Applicant Name:	Wildwoods Assisted Living LLC
Applicant Address:	1595 Parmenter Road Corunna, MI 48817
Applicant Telephone #:	269-598-9327
Administrator:	Daniel Story
Licensee Designee:	Daniel Story
Name of Facility:	Wildwoods Assisted Living
Facility Address:	1595 Parmenter Road Corunna, MI 48817
Facility Telephone #:	(269) 743-6163
Application Date:	04/28/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/03/2020	Inspection Completed-Env. Health: A See AS780388024
04/28/2020	Enrollment
05/27/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030, FPs, & AFC100 for Daniel (LD & Admin)
06/02/2020	Contact - Document Received IRS ltr; 1326, RI-030, & AFC 100 for Daniel Story (LD & admin)
07/30/2020	Application Complete/On-site Needed
08/05/2020	Inspection Completed-BCAL Sub. Compliance
08/05/2020	Confirming Letter sent
08/06/2020	Corrective Action Plan Received and approved
08/06/2020	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story ranch-style home located within the city limits of Corunna, MI. There are five bedrooms in the home, all designated for resident use, and all located on the main floor of the home. There are two full bathrooms in the home, both designated for resident use. Both bathrooms are located on the main floor of the home, within close proximity to the resident bedrooms. The home is also equipped with a living room, dining room, kitchen, and laundry room. The home is wheelchair accessible. The home utilizes a private water supply and sewage disposal system. On 6/1/2017, the Shiawassee County Health Department completed an inspection of the private water and sewage systems and found the systems to be in substantial compliance with administrative rules related to environmental health.

The electric furnace and hot water heater are located in the basement of the home. There is a 1-3/4-inch solid wood core door with an automatic self-closing device and positive latching hardware that separates the basement from the rest of the home.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in the main hallway that connects four bedroom, the kitchen, the basement, and the main living area outside of the doorways to the two additional bedrooms.

The dimensions of the rooms in the facility are:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 11" x 11' 2"	121	1
2	12' 8" x 10' 9"	120	1
3	16' 7" x 11' 4"	176	2
4	13' 8" x 9' 8"	117	1
5	13' 8" x 9' 10"	117	1

The indoor living and dining areas measure a total of 650 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male and/or female residents who are 26 years of age or older, with a diagnosis of mental illness and/or developmental disability requiring assistance with daily activities. The program will provide personal care, homemaking, and recreational activities that will maintain or improve the physical, intellectual, and emotional well-being of each resident. All services are provided using the least amount of assistance necessary for an individual's success.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques. Each residents behavioral plan will be individualized and address their welfare, safety, and rights.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local church bible studies, shopping trips, exercise classes, craft activities, as well as local senior center activities. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Wildwoods Assisted Living, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 3/05/2018. 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.

The sole member of Wildwood Assisted Living, L.L.C. has submitted documentation appointing himself, Daniel Story, as licensee designee and administrator for this facility.

Criminal history background checks of the applicant/administrator were completed, and he was determined to be of good moral character to provide licensed adult foster care and/or reside in the home. The applicant/administrator and household member submitted statements from a physician documenting his good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant, Daniel Story, is a registered nurse and has been providing direct care to individuals within the health care field since 2003. Mr. Story is skilled in resident care including medication administration, transfer techniques, behavior management, feeding, toileting, bathing and assisting with daily living, responding to dietary needs, understanding and providing care according to the care plan, family and person-centered treatment planning, conflict resolution, healthy communication, crisis intervention, and effectively communicating with people who are mentally ill or developmentally delayed.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 the issuance of a temporary adult foster care license for 6 residents.

Candace L. Pilarski

8/13/2020

Candace Pilarski
Licensing Consultant

Date

Approved By:

Dawn N. Timm
Area Manager

Date