



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 21, 2022

Heather Sherry  
827 Hemlock Dr  
Oxford, MI 48370

RE: Application #: AS630412879  
**The Willows Senior Living**  
**450 Brewer Rd**  
**Leonard, MI 48367**

Dear Ms. Sherry:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
3026 W Grand Blvd  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630412879
<b>Licensee Name:</b>	Heather Sherry
<b>Licensee Address:</b>	827 Hemlock Dr Oxford, MI 48370
<b>Licensee Telephone #:</b>	(586) 604-3685
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	The Willows Senior Living
<b>Facility Address:</b>	450 Brewer Rd Leonard, MI 48367
<b>Facility Telephone #:</b>	(586) 604-3685
<b>Application Date:</b>	06/01/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

06/01/2022	On-Line Enrollment
06/28/2022	Inspection Report Requested - Health Invoice # 1032749
06/28/2022	Contact - Document Sent Forms sent
06/28/2022	PSOR on Address Completed
07/14/2022	Contact - Document Received AFC 100, 1326, MC
07/19/2022	Inspection Completed-Env. Health: A
08/08/2022	Application Incomplete Letter Sent
08/08/2022	Contact - Document Received Received documentation
08/09/2022	Contact - Document Sent Emailed applicant Heather Sherry to schedule an onsite inspection.
08/22/2022	Application Complete/On-site Needed
08/22/2022	Inspection Completed On-site
08/22/2022	Inspection Completed-BCAL Sub. Compliance
08/23/2022	Contact - Document Received Received documentation
08/23/2022	Inspection Completed On-site Verified physical plant deficiencies compliance via Facetime
08/23/2022	Contact - Document Sent Requested documentation
08/30/2022	Contact - Document Sent Requested documentation
08/31/2022	Contact - Document Received Received documentation

09/01/2022	Inspection Completed-BCAL Full Compliance Onsite inspection completed on 08/22/2022
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### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch style home located in the city of Leonard. The main level consists of a kitchen, adjoined dining room and living room, family/game/activity room, laundry room, office, two full bathrooms, and four resident bedrooms. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes private water and sewage.

The gas furnace and hot water heater are in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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	15'5" x 10'10"	167	1
2	17'3" x 10'10" -2'5" x 6'11"	170.07	2
3	17'3" x 10'10" -6'10.5" x 2'5"	170.18	2
4	15'5" x 10'10"	167	1

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 718.27 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 (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 is developmentally disabled or mentally impaired, 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 from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 Heather Sherry 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. Ms. Sherry also has cash in savings and a business account.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Sherry. Ms. Sherry submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Sherry has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Sherry served as licensee designee of small adult foster care facility Walnut Creek House (AS500403455) for over one year. The population served were physically handicapped, aged, and Alzheimer's.

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. Ms. Sherry acknowledged 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. Ms. Sherry has indicated that direct care staff will be awake during sleeping hours.

Ms. Sherry 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.

Ms. Sherry 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.

Ms. Sherry 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.

Ms. Sherry acknowledged 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, Ms. Sherry 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.

Ms. Sherry acknowledged her 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, Ms. Sherry acknowledged her 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.

Ms. Sherry acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Sherry acknowledged her 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.

Ms. Sherry acknowledged her 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.

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

Ms. Sherry acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Sherry indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Sherry acknowledged 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. Ms. Sherry has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

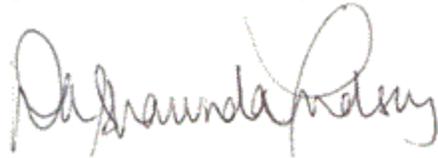
Ms. Sherry acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Ms. Sherry 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).



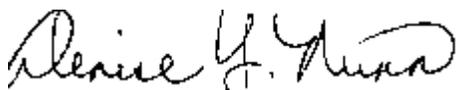
09/07/2022

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



09/21/2022

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Denise Y. Nunn  
Area Manager

Date