

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 20, 2023

Senior Living Woodlawn, LLC Carol DelRaso 7927 Nemco Way, Ste 200 Brighton, MI 48816

RE: Application #: AL080413178

**Woodlawn Meadows Memory Care** 

1725 N. East St Hastings, MI 49058

Dear Mrs. DelRaso:

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 20 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) 284-9730.

Sincerely,

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #**: AL080413178

Applicant Name: Senior Living Woodlawn, LLC

**Applicant Address:** 7927 Nemco Way, Ste 200

Brighton, MI 48816

**Applicant Telephone #:** (269) 948-7751

Administrator: Allison Wakeman

Licensee Designee: Carol DelRaso

Name of Facility: Woodlawn Meadows Memory Care

Facility Address: 1725 N. East St

Hastings, MI 49058

**Facility Telephone #:** (269) 948-4921

05/16/2022

**Application Date:** 

Capacity: 20

Program Type: AGED

PHYSICALLY HANDICAPPED

#### II. METHODOLOGY

05/16/2022	Enrollment
05/19/2022	Application Incomplete Letter Sent 1326a, afc100
08/10/2022	Contact - Document Received 1326a, afc 100, ri030
08/10/2022	Inspection Report Requested - Fire
08/10/2022	Contact - Document Sent Fire safety string
08/29/2022	Application Incomplete Letter Sent
10/20/2022	Contact - Document Received special use permit
10/25/2022	Contact - Document Received-lease and permission to inspect
12/28/2022	Inspection Completed-Fire Safety: A
03/29/2023	Inspection Completed On-site
03/29/2023	Inspection Completed-BCAL Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

Woodlawn Meadows Memory Care is a large single story "L" shaped building that includes twenty private bedrooms with attached half-bathrooms, three shower rooms, a kitchen, a dining area, a beauty salon, a spa room, a laundry room, a medication room, an administrative office, an activity room and two mechanical rooms. The facility is located within the city of Hastings, in a quiet area at the end of the street. The facility has a parking lot to allow for ample parking for visitors and staff members. The facility is wheelchair accessible and has five exits at grade. The facility utilizes a public water supply and sewage disposal system and was determined to be in full compliance with applicable environmental health administrative rules.

The two gas water heaters and furnaces are located inside the mechanical rooms equipped with at least 20-minute fire resistant doors that have automated self-closing devices and positive latching hardware.

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. The facility is also fully sprinkled. The facility was inspected by the Bureau of Fire Services on 12/28/2022 and was found to be in compliance with the applicable fire safety administrative rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (studio)	11' 11.5" x 12' 9"	132 sq ft	1
2 (studio)	11' 11.5 x 12' 9"	132 sq ft	1
3 (studio)	12.5' x 12' 9"	150 sq ft	1
4 (studio)	12.5' x 12' 9"	150 sq ft	1
5 (studio)	11' 11" x 12' 9"	132 sq ft	1
6 (studio)	11' 11 x 12' 9"	132 sq ft	1
7 (studio)	12' 3" x 20"	240 sq ft	1
8 (studio)	12' 3" 20"	240 sq ft	1
9 (studio)	11' 11" x 12' 9"	132 sq ft	1
10 (studio)	11' 11" x 12' 9"	132 sq ft	1
11 (studio)	12' 9" x 18"	216 sq ft	1
12 (studio)	12' x 9" x 18"	216 sq ft	1
13 (studio)	11' x 11" x 12' 9"	132 sq ft	1
14 (studio)	11' 11" x 12' 9"	132 sq ft	1
15 (studio)	11' 11 x 12' 9"	132 sq ft	1
16 (studio)	18' 4.5" x 11"	198 sq ft	1
17 (studio)	18' 4.5" x 11"	198 sq ft	1
18 (studio)	11' 11" x 12' 9"	132 sq ft	1
19 (studio)	11'11" x 12' 9"	132 sq ft	1
20 (studio)	20' x 12' 3"	240 sq ft	1

The indoor living and dining areas measure a total of \_\_720\_\_ 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 <u>20</u> 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 20 male and/or female residents who are aged and/or physically handicapped. The applicant indicated the facility mission is to provide residents, families, and friends with the absolute best experience in every interaction, every minute, of each and every day. This property will be a licensed Adult Foster Care (AFC) community providing personal care supervision, and protection to physically handicapped adults. The residents who live in the facility will receive quality services to meet their spiritual, emotional, mental and physical needs. The applicant stated all residents will be treated with dignity and respect, while ensuring their health and safety, well-being, and personal needs are met. The applicant intends to provide protection from harm, humiliation, and intimidation as well as safeguard from social, moral, financial, and personal exploitation. The applicant indicated the facility activity program promotes creativity and sharing positive

experiences through a diverse selection of daily programs led by facility wellness staff. The applicant stated they strive to meet each resident's needs/wishes and encourage participation through planning daily activities and events. The applicant promotes individuality and choice through the menu selection, activity planning, and customizable daily schedules. The applicant stated an assessment will be performed prior to admission to evaluate the specific needs of each individual. The applicant will also have each have a health care appraisal completed by their physician. A determination is made as to whether the applicant can meet the needs of the individual based on the information gathered. The applicant stated based on the information gathered from the assessment, health care appraisal completed by the physician, and interviews with the individual and family members, a personal care plan will be developed for each resident to address any identified needs. Personal care plans will be created to promote independence, self-sufficiency, and tailored to meet the specific needs of each resident. Services provided will include:

- Room & board
- · Laundry and housekeeping services
- · Meals, snacks, portable drinking water
- 24-hour supervision
- Personal care services
- Activities supporting independence and cognitive recognition

Assisted and supervised personal care will be available to include but not limited to:

- Assistance with grooming
- Mealtime support
- Toileting
- Bathing/dressing/transferring
- Escort services
- Medication management
- Appointment coordination

The applicant stated they will assist and continually support each resident's ability to remain as independent as possible. All resident rooms are equipped with amenities allow residents full access to common areas of the community, while also providing safety in the event of an emergency. To encourage a stimulating and fulfilling social environment the life enrichment team will develop and provide a monthly calendar of events for the residents. These events promote physical, social, intellectual, emotional, spiritual, and purposeful programs for the residents to enjoy and experience. The applicant indicated community-based health care professionals will be utilized to meet the changing health care needs of the residents. The applicant will provide information related to in-home health care professionals that are available to service residents within the facility. These services include, but are not limited to physicians, occupational and physical therapists, laboratory services, podiatrists, etc. The applicant stated criminal background checks will be completed on visiting health care professionals and staff arranged by the applicant to provide services to the residents.

The applicant stated staff members will be trained in the topics of reporting requirements, first-aid, CPR, personal care, supervision, protection, and containment of communicable diseases, as well as other areas specific to the residents served or as needed. The applicant stated staff members will be trained using a combination of approved curriculum.

The applicant intends to accept residents with private sources of payment.

**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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including a hospital, movie theater, amphitheater, performing arts center, library, stores, restaurants, and the Barry County Transit Authority. These resources provide an environment to enhance the quality of life to the residents.

### C. Applicant and Administrator Qualifications

The applicant is Senior Living Woodlawn, L.L.C. a "Domestic Limited Liability Company", established in Michigan on 9/4/2020. 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 members of Senior Living Woodlawn, L.L.C. have submitted documentation appointing Carol DelRaso as licensee designee for this facility and Allison Wakeman as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. DelRaso has experience working with residents who are aged/or physically handicapped. Specifically, Ms. DelRaso has experience managing the overall functions of an AFC facility. Ms. DelRaso has been a certified assisted living director through the Michigan Coalition of Assisted Living since 2014. Ms. DelRaso has a bachelor's degree in the science of sustainable business. Ms. Wakeman has been working as the current executive director under the previous owner for the past two years during which time she has ensured that the facility is compliant with licensing rules and statutes. Ms. Wakeman also has several years of experience providing direct care to residents who are aged and/or have diagnoses of physical handicaps/Alzheimer's disease. Ms.

Wakeman has a Juris Doctor degree from Western Michigan University Thomas M. Cooley Law School.

The staffing pattern for the original license of this \_20\_\_ bed facility is adequate and includes a minimum of \_2 staff for \_20\_ residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have <u>regular</u>, <u>ongoing</u> "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (<u>www.miltcpartnership.org</u>) 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 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 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 acknowledged 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 issuance of a six-month temporary license to this adult foster care large group home with a capacity of 20 residents.

Ondrea Oph	Coen	4/12/2023
Ondrea Johnson Licensing Consultant		Date
Approved By:		
Naun James	04/20/2023	
Dawn N. Timm Area Manager		Date