



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2025

Anita Anderson
4791 E Mt Garfield Rd
Fruitport, MI 49417

RE: Application #:	AS700415341 Woodland Gardens Zeeland 10334 Riley St Zeeland, MI 49464
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Dear Ms. Anderson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS700415341
Licensee Name:	Anita Anderson
Licensee Address:	2189 S 86th Ave Shelby, MI 49455
Licensee Telephone #:	(231) 571-8642
Administrator/Licensee Designee:	Anita Anderson
Name of Facility:	Woodland Gardens Zeeland
Facility Address:	10334 Riley St Zeeland, MI 49464
Facility Telephone #:	(231) 760-3023
Application Date:	01/11/2023
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

01/11/2023	On-Line Enrollment
01/26/2023	PSOR on Address Completed
02/17/2023	Contact - Document Received afc-100
05/30/2023	Application Incomplete Letter Sent 2nd request 1326a and RI-030
02/23/2024	Contact - Document Received
02/26/2024	Contact - Document Sent Request for 1326/RI030 and AFC100
02/28/2024	Contact - Document Received 1326/RI030
03/12/2024	Lic. Unit file referred for background check review sent for Stefan
03/15/2024	File Transferred to Field Office
03/21/2024	Application Incomplete Letter Sent
03/21/2024	Comment Unlicensed complaint came in on this address.
05/08/2024	Contact - Telephone call made Ron Langford re: paperwork for the license and re: unlicensed complaint.
06/11/2024	Contact - Document Received Ashley Harris, Lansing, sent me email stating these re the first and only documents sent to their office, received on 06/10/2024 at 9:43p.m.
06/11/2024	Contact - Document Sent Asked Ashley Harris in Lansing LARA office she has received any documents for the OLSR for this facility, she said all she has gotten to date is the paperwork required to process before transferring to the field.
07/17/2024	Contact - Telephone call received Ron Langford re: paperwork and if it's all complete.

07/18/2024	Contact - Document Sent APP incomplete letter sent with items still needed for licensing.
08/01/2024	Inspection Completed On-site
08/01/2024	Inspection Completed-BCAL Sub. Compliance
08/01/2024	Confirming Letter
09/18/2024	Inspection Completed On-site
09/18/2024	Inspection Completed-BCAL Sub. Compliance
09/25/2024	Confirming Letter
12/23/2025	Inspection Completed-BCAL Full Compliance
03/31/2025	Application Complete
03/31/2025	Recommend License Issuance
03/31/2025	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Woodland Gardens Zeeland is a ranch style home in an established neighborhood of similar houses located in Zeeland Michigan. The home is located on a busy four lane street, and if travelling west you will drive into the City of Holland which is filled with restaurants and businesses. Walking to the house from the driveway, there is a newly built front porch with wheelchair ramp and an older ramp off the back deck of the home. Upon entering the house, you step into the living room, beyond the living room is a dining room, the kitchen and a small hallway to the right that takes you to the laundry room. Upon entering the house to the left, heading East, off the living room is a hallway taking you to 3 resident rooms, a full bathroom for all resident use and in one of the resident rooms there is a full bathroom for the occupant of that rooms use only. As you move past the dining room and kitchen, there is a small hallway between those two areas taking you to the back of the house. Off the small hallway, on the right (West), is a resident room and then you enter another living area, with a small kitchenette and the exit from the back of the house is off the living area. While in the back living area, there is a hallway on the East side of the house that has a full bathroom and three more rooms, one will be utilized as a resident room and the other two at this time will not be utilized as resident rooms. If that changes, a modification of the use of space in this home will be submitted by the licensee. This home is one level, wheelchair accessible,

and has two approved means of egress that are wheelchair accessible directly to the outside from the main floor of the home. The home utilizes public water and sewer.

The gas furnace and hot water heater is in the basement of the home and is equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the steps located at the beginning of the front hallway. The heat plant room is constructed of materials that provide a 1-hour-fire-resistance rating. The basement of the home will not be utilized for resident activities. The facility is equipped with interconnected, hardwired 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	11.42X11.58	132	1
2	11.42X11.33 +6.0X3.66	129+22=151	1
3	10.25X14.92	153	1
4	12.25X13.50 +3.75X9.66	165+36=201	2
5	13.58X16.0	217	No residents
6	10.0X11.17 + 2.33X5.66	111+13=124	No residents
7	11.92X9.58 + 5.17X2.33	114+12=126	1

The living, dining, and sitting room areas measure a total of 671 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 or wheelchair using adults 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 from Ottawa County-DHS, Ottawa County CMH, surrounding counties and/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 unless otherwise indicated in the Resident Care Agreement. 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 applicant has two other licensed AFC small group homes that have been in operation since 2020.

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)

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 to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

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.

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

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).

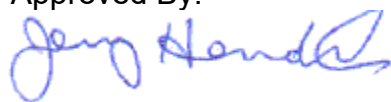


03/31/2025

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



03/31/2025

Jerry Hendrick
Area Manager

Date