



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 14, 2024

Tim Stoll
Thurston Woods Village Inc.
307 N. Franks Ave.
Sturgis, MI 49091

RE: Application #: AL120418792
The Branches
300 Vista Dr.
Coldwater, MI 49036

Dear Mr. Stoll:

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,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure



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

I. IDENTIFYING INFORMATION

License #:	AL120418792
Applicant Name:	Thurston Woods Village Inc.
Applicant Address:	307 N. Franks Ave. Sturgis, MI 49091
Applicant Telephone #:	(269) 651-7841
Administrator/Licensee Designee:	Tim Stoll
Name of Facility:	The Branches
Facility Address:	99 Vista Dr. Coldwater, MI 49036
Facility Telephone #:	(269) 651-7841 09/06/2024
Application Date:	
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS



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II. METHODOLOGY

09/06/2024	Enrollment
09/06/2024	PSOR on Address Completed
09/06/2024	Inspection Report Requested - Fire
09/10/2024	Application Incomplete Letter Sent RI030 (Emailed)
09/10/2024	Contact - Document Sent Form sent.
09/24/2024	Contact - Document Received RI030
09/24/2024	File Transferred To Field Office
09/26/2024	Application Incomplete Letter Sent
10/31/2024	Contact - Document Received Received documents for original application
11/04/2024	Application Incomplete Letter Sent
11/04/2024	Contact - Document Received
11/05/2024	Contact - Document Received Received original licensing documents
11/08/2024	Application Complete/On-site Needed
11/14/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was previously licensed as Grand Vista Properties II (AL120405135)

A. Physical Description of Facility

This facility is a stick built, one story, ranch style facility on a cement slab. The facility was built in 2021 and is located within the residential city limits of Coldwater, Michigan. The owner of the facility is Thurston Woods Village Inc.

The common area of the facility includes a kitchen, breakfast bar, dining room, living room, T.V lounge room, a library, media center, beauty salon, courtyard and an activities room. There are twenty (20) resident bedrooms with twenty-one (21) full bathrooms (one common bathroom.) The facility is wheelchair accessible with three approved means of egress with wheelchair ramps on the main level of the facility.

The facility utilizes a public water system and sewer disposal system.

The facility is equipped with a numeric pass key, and the residents will be provided with the access code. Each resident will be provided with a key to their bedrooms while staff will have a master key in case of emergencies.

The gas furnaces, water heaters and dryers are located on the main floor of the facility, and are in a room constructed of materials that provide a 1-hour-fire resistant rating with approved steel doors, in a fully stopped frame, which are equipped with an automatic self-closing device with positive latching hardware. 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 facility fully sprinkled.

The facility has been determined by the Bureau of Fire Safety to be in full compliance with the applicable fire safety administrative rules on 10/16/24.

The facility provides private rooms, including studio and one bedroom living quarters. All bedrooms include a kitchenette, microwave, a small refrigerator, sink and full bathroom.

The studio bedrooms measured measure approximately 142 Sq. Ft., and the one bedrooms measure approximately 199 Sq. Ft. The following bedrooms are studio bedrooms 3,4,5,6,7, and 8. The following rooms are one bedrooms 1,2,9 and 11-20.

The living, dining, and media room areas measure a total of 1,506square 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 **twenty (20)** 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 **twenty** (20) male or female ambulatory, semi-ambulatory and non-ambulatory adults who are aged and not in need of skilled nursing care. The applicant intends to accept residents from local hospitals and other agencies who are private pay individuals.

The program was designed to enhance the quality of life and independence for today's seniors. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the facility and in the community. Transportation will be the responsibility of the individual resident.

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.

C. Applicant and Administrator Qualifications

The applicant is Thurston Woods Village, Inc., which is a Non Profit Corporation was established in Michigan, in 1968. 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 Board of Directors of Thurston Woods Village, Inc. have submitted documentation appointing Tim Stoll as Licensee Designee for this facility and Tim Stoll as the Administrator of the facility.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee and administrator are Tim Stoll, BSW. Mr. Stoll attended Western Michigan University and received a bachelor's degree in social work in 1994. Mr. Stoll is currently the CEO for Thurston Woods Village Inc. and has worked in that capacity since December 2020. In addition to his administrative duties, Mr. Stoll is the licensee for a licensed adult foster care facility (Whispering Meadows AS130380035) in Marshall, Michigan. Mr. Stoll also worked for 8 years a social worker in a skilled nursing facility prior to working for Thurston Woods Village Inc.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff to 20 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 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 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 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 the issuance of a six-month temporary to this adult foster care facility with a capacity of 20.

Nile Khabeiry, LMSW

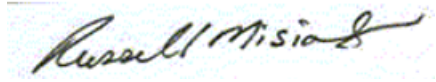
11/14/24

Nile Khabeiry

Date

Licensing Consultant

Approved By:

A handwritten signature in black ink, appearing to read "Russell B. Misiak", written over a light blue horizontal line.

11/27/24

Russell B. Misiak
Area Manager

Date