



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 7, 2026

Teresa Wendt  
HGA Non-Profit Homes Inc.  
917 West Norton  
Muskegon, MI 49441

RE: Application #:	AS610420078 Woodland Home 671 S. Woodland Street Muskegon, MI 49442
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Dear Ms. Wendt:

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**

<b>License #:</b>	AS610420078
<b>Applicant Name:</b>	HGA Non-Profit Homes Inc.
<b>Applicant Address:</b>	917 West Norton Muskegon, MI 49441
<b>Applicant Telephone #:</b>	(231) 728-3501
<b>Administrator/Licensee Designee:</b>	Teresa Wendt, Designee
<b>Name of Facility:</b>	Woodland Home
<b>Facility Address:</b>	671 S. Woodland Street Muskegon, MI 49442
<b>Facility Telephone #:</b>	(231) 777-2555
<b>Application Date:</b>	11/17/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED MENTALLY ILL, TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/17/2025	Enrollment
11/17/2025	Application Incomplete Letter Sent requested 1326/RI030 and AFC100
11/17/2025	PSOR on Address Completed
11/17/2025	Contact - Document Sent forms sent
11/24/2025	Contact - Document Received
11/24/2025	Lic. Unit file referred for background check review Teresa hits on ICHAT and FP
11/24/2025	File Transferred To Field Office
12/01/2025	Application Incomplete Letter Sent
12/08/2025	Contact - Document Received
01/05/2026	Contact - Document Sent App incomplete letter sent with items still needed to finish application.
02/18/2026	Inspection Completed On-site
02/18/2026	Inspection Completed-BCAL Sub. Compliance
03/18/2026	Contact - Document Received Email-T. Wendt re: confirming letter issues being addressed. Photo verification will follow once completed.
03/25/2026	Contact - Document Received (Some) photo verifications sent by Carly Wentzlof.
03/25/2026	Contact - Document Received C. Wentzlof email re: bathroom grab bars per builder.
04/28/2026	Contact - Document Received Picture verifications
04/30/2026	Recommend License Issuance
05/07/2026	License Issued

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This newly built large ranch style home is in an established subdivision of older homes in rural Muskegon Township located in Muskegon County. Apple Ave. is the closest, large, main road in which this neighborhood connects, Apple Ave. has restaurants, businesses, churches, grocery stores and convenience stores. The facility has ample parking in a large driveway leading directly to the front porch/door and garage. The home also has an entryway into the facility from the garage. The applicant is HGA Non-Profit Homes, Inc. and this corporation owns the home and property.

The home is one large main level home, with an open kitchen, living room & dining room as you first walk through the front entrance. Beyond the living room and next to the dining room, there is a large sunroom that separates itself from the living and dining room with large glass windows facing the dining room, back yard and the living room. The home has 5 resident bedrooms and 3 full bathrooms, all for residents' use. Two of the residents' rooms are located along the West side of the facility, one resident room is located in the Southwest corner of the facility, there is a resident room on the Southeast corner of the facility and one resident room on the East side of the facility. Each bathroom consists of a toilet, sink, wheelchair accessible shower with grab bars and either a window and/or mechanical fan for ventilation.

The facility is wheelchair accessible and has two approved means of egress from the first floor exiting to level ground outside. The facility can accept residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces. There are exits directly to flat ground outside three of the five bedrooms and those bedrooms are located along the West side/back of the facility. There is also the front/main entrance/exit on the East side/front of the facility, an exit door to the garage on the north side of the facility and an office on the East side/front of the facility as well as a mud room and utility closet.

The facility is main floor only and does not have an upstairs or downstairs level. The home utilizes public water and sewer and is determined to be in compliance with all applicable environmental health and safety rules. The laundry room is equipped with an electric washer and dryer located off the hallway that runs from East to West near the kitchen. The facility's clothes dryer is vented to the outside using permanent metal duct work. In addition, a large pantry is located next to the laundry room.

The gas furnace and gas hot water heater are located on the facility's main floor in a fire rated room located in the garage. The room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware.

The furnace and electrical system were inspected on 10/28/2025 (furnace/HVAC) and 03/12/2025 (electrical) by licensed contractors, Armock Mechanical Contractors and electricians, Swanson electrical services, respectively, and both were determined to be in good condition and function properly. There are three (3) 5-pound multi-purpose fire extinguishers in the facility on the main floor and one (1) fire extinguisher in the garage.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 03/12/2025 and determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, living room, sunroom, and similar spaces along with all areas that contain flame or heat producing equipment.

The facility's backyard is surrounded by a privacy fence; however, the applicant acknowledged an understanding the gates must not be locking against egress. The gate on this privacy fence does not have a lock on it.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.08X11.08	145	1 or 2 (capacity cannot be over 6 residents)
2	11.0X13.08	144	1 or 2 (capacity cannot be over 6 residents)
3	11.08X10.83	120	1
4	9.83X11.33	111	1
5	11.25X9.91	111	1

The living, dining, and sitting room areas measure a total of 1,071 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six** both male and female, ambulatory AND/OR non ambulatory adults whose diagnosis is developmentally disabled, and/or mentally impaired, in the least restrictive environment possible.

The program will promote independence and social interaction, group activities and outings. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the MI/DD population, private pay individuals, Adult Protective Services, as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. **Specialized Certification:** The applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant is H.G.A., Non-Profit Homes, Inc., a Domestic Non-Profit Corporation established in Michigan, on 03/26/1980. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents and 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 H.G.A., Inc. have submitted documentation appointing Teresa Wendt as Licensee Designee for this facility and Teresa Wendt as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Teresa Wendt as the Licensee Designee. The applicant submitted a medical clearance with a statement from a physician documenting the licensee designee in good health, dated 11/12/2025.

The applicant also submitted a medical clearance with a statement from a physician documenting Ms. Wendt as the administrator to be in good health, dated 11/12/2025 and verification that Ms. Wendt has a baseline screening for communicable diseases and records of illness on hiring.

The Licensee Designee and administrator, Teresa Wendt has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Wendt has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff -to- 6 residents during 1<sup>st</sup> and 2<sup>nd</sup> shifts and 1 staff-to6- residents during 3<sup>rd</sup> 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](http://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 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 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident to document the date and amount of the adult foster care service fee paid each month and 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.

