



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

September 18, 2006

Myla Tomkinson
PO Box 145
Chatham, MI 49816

RE: Application #: AF020284953
Whispering Pines
N5528 Finns Spir
Chatham, MI 49816

Dear Mrs. Tomkinson:

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 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact Deborah L. Clark, Area Manager, at (906) 228-0780.

Sincerely,

Mark Muscoe, Licensing Consultant
Office of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 228-0784

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF020284953
Applicant Name:	Myla Tomkinson
Applicant Address:	N5528 Finns Spir Chatham, MI 49816
Applicant Telephone #:	(906) 439-5917
Administrator/Licensee Designee:	N/A
Name of Facility:	Whispering Pines
Facility Address:	N5528 Finns Spir Chatham, MI 49816
Facility Telephone #:	(906) 439-5917 07/18/2006
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/18/2006	Enrollment.
08/02/2006	Application Incomplete Letter Sent. Contact - Telephone call made.
08/09/2006	Inspection Completed-Env. Health : A.
08/24/2006	Application Complete/On-site Needed.
08/31/2006	Inspection Completed On-site. Inspection Completed-BFS Sub. Compliance. Contact - Document Sent/ Resident Record Keeping.
09/01/2006	Contact - Telephone call made/ Mr. Tomkinson.
09/07/2006	Contact - Telephone call made/ Mrs. Tomkinson/ Technical Assistance.
09/07/2006	Contact - Document Sent/ Mrs. Tomkinson's Procedures.
09/15/2006	Contact – Telephone call received/ Mrs. Tomkinson.
09/19/2006	Final inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was formerly licensed as a six-bed adult foster care family home. Mrs. Tomkinson purchased the home from the former licensee. The home is a large ranch style home, located near the small town of Chatham, a quiet rural setting. The home has a brick facing and is exceptionally well maintained. There are four resident bedrooms, a nice resident dining area, a large interior living room, two resident bathrooms, and a screened outdoor porch for resident use. The resident living space is brightly decorated, well maintained and very clean.

The home is located in a rural setting on Finn Spur Road, approximately 16 miles from Munising. All medical services, including case management agencies, medical, dental, psychological and psychiatric services are available there. The home has developed a working relationship with home health nursing services, which can be provided contractually to resident who need this type of service.

The home has ground level entrance at two entrances. There is a large commons area in the resident wing of the home. This area measures 30'x11', or 330 sq. ft. There is a resident dining area that measures 13' 4" x 11'6", or 220 sq. feet. Total general living space is 550 sq. ft.

There are four resident bedrooms:

Bedroom #1: 11'8"x 12'8", or 147 sq. ft., adequate for double occupancy.

Bedroom #2: 13'5"x11'6", or 154 sq.ft., adequate for double occupancy.

Bedroom #3: 7'4"x10'11", or 80 sq. ft., adequate for single occupancy.

Bedroom #4: 14'10"x 15", or 222 sq.ft. adequate for double occupancy, currently single occupancy.

Note: Bedroom #1, Bedroom #2, and Bedroom #4 have square footage adequate for double occupancy. Any change to the current resident room configuration requires notification to the Department, prior to the change. Capacity of the home is limited to six AFC residents.

There are two bathrooms in the home. One bathroom, adjacent to Bedroom #4, has no entrance to it other than through Bedroom #4. This bathroom is limited to use by the occupants of this bedroom.

A fuel oil boiler heats the home. It was inspected by Mick's Plumbing, Heating and Air Conditioning, and certified in good working order. The home has a fireplace, and the chimney flue was also inspected and certified in good working order by the same company. The septic and water system were inspected by the Alger Co. Health Department. No trouble was noted with the septic system and the water tested safe.

B. Program Description

Mrs. Tomkinson is a Licensed Practical Nurse with extensive experience working with elderly persons and in the home health field. Mrs. Tomkinson plans to provide personal care, supervision, and protection to persons who are aged, mentally ill, developmentally disabled, traumatic brain injured, and physically handicapped. Mrs. Tomkinson will accept persons with Alzheimer's disease, or related dementias.

With ground level entrance at two main entrances, Mrs. Tomkinson may provide services to persons who ambulate via wheelchair.

Mrs. Tomkinson has started the process with the Long Term Care Website, State of Michigan, of screening her employees regarding criminal history as required by law. This consultant addressed the requirements of resident record keeping with Mrs. Tomkinson during a recent on site inspection. Mrs. Tomkinson has been made aware of R 400.1421, or the requirements of safeguarding resident funds and valuables. Mrs. Tomkinson has agreed to comply with the requirements.

C. Rule/Statutory Violations

There were no rule or statutory violations during the final inspection on 09-19-06.

IV. RECOMMENDATION

Issuance of a temporary license, capacity six adult foster care residents (6).



Mark Muscoe
Licensing Consultant

Date

Approved By:



09/27/06

Deborah Clark
Area Manager

Date