



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

September 28, 2006

Gerald Betters  
P.O. Box 603  
Powers, MI 49874

RE: Application #: AS550285166  
Whispering Pines South  
301 Orchard Lane  
Carney, MI 48912

Dear Mr. Betters:

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 the local office at (906) 228-0781.

Sincerely,

Theresa Norton, Licensing Consultant  
Office of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS550285166
<b>Applicant Name:</b>	Gerald Betters
<b>Applicant Address:</b>	Main St. Powers, MI 49874
<b>Applicant Telephone #:</b>	(906) 497-2550
<b>Administrator/Licensee Designee:</b>	Kelly Bellmore, Administrator
<b>Name of Facility:</b>	Whispering Pines South
<b>Facility Address:</b>	301 Orchard Lane Carney, MI 48912
<b>Facility Telephone #:</b>	(906) 639-3211
<b>Application Date:</b>	08/01/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

08/01/2006	Enrollment
08/16/2006	SC-Application Received - Original
08/24/2006	Contact - Document Received Rec'd all required documents.
09/01/2006	Inspection Report Requested - Health
09/12/2006	Inspection Completed-Env. Health : A
09/27/2006	Inspection Completed On-site
09/27/2006	Inspection Completed-BFS Full Compliance
09/29/2006	SC-Certification issued DD

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

(NOTE: This home was a licensed AFC Home (AS550264136) from 02/11/2004 to 05/18/2006 and was closed voluntarily.)

The home is a large, wood-framed, single story home located in Carney, Michigan. The home is reasonably close to case management, medical, dental, psychological and psychiatric services. Northpointe Behavioral Healthcare Systems owns the home and has a lease with Whispering Pines. A copy of this lease agreement was provided and a copy is maintained in the file.

The single story home is barrier free and has 4 bedrooms, 2 full bathrooms, a kitchen, and combined dining area. In addition, the facility has a large living room available for use by residents. Bedrooms have the following dimensions:

Bedroom #1	142sq. ft.	Approved Capacity 2
Bedroom #2	172 sq. ft.	Approved Capacity 2
Bedroom #3	121sq. ft.	Approved Capacity 1
Bedroom #4	137 sq. ft.	Approved Capacity 1

This facility has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The heat plant is located in the basement in an enclosed room with a steel, self-closing fire door. There is an interconnected smoke detection system with battery back, which was installed by a certified electrician.

The Delta County Public Health Department conducted a final inspection of the facility's private water and septic system on 09/12/2006. The Health Department recommendation determined that the facility is in substantial compliance with applicable environmental rules.

## **B. Program Description**

The facility proposes to serve adults that are Developmentally Disabled. The admission policy, program statement, discharge policy, refund policy personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. Transportation to local medical appointments will be provided by the home as needed.

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

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

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff to 6 residents per awake shift and 2 staff to 6 residents during the sleep shift.

The licensees acknowledged an understanding of the training and qualification 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 licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensees acknowledged 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 licensees have 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 licensees acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensees acknowledged their responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensees acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensees indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensees acknowledged 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 licensees have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The licensees acknowledged that their written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee(s) are aware of and intend to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensees acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

### **C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



09/28/2006

---

Theresa Norton  
Licensing Consultant

Date

Approved By:



09/29/06

---

Deborah Clark  
Area Manager

Date