



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 1, 2007

Joya Craighead
Woodland Park Manor, LLC
PO Box 07489
Detroit, MI 48207

RE: Application #: AS620277731
Woodland Park Manor
8835 N. 21st Ave.
Bitley, MI 49309

Dear Ms. Craighead:

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 (616) 356-0662.

Sincerely,

Edna E. Albert, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS620277731

Applicant Name: Woodland Park Manor, LLC

Applicant Address: 8835 N. 21st. Ave.
Bitley, MI 49309

Applicant Telephone #: (231) 745-7374

Administrator/Licensee Designee: Joya Craighead, Designee

Name of Facility: Woodland Park Manor

Facility Address: 8835 N. 21st Ave.
Bitley, MI 49309

Facility Telephone #: (231) 745-7374

Application Date: 07/29/2005

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/29/2005	Enrollment
08/04/2005	Contact - Document Received File received from Central Office
08/04/2005	Application Incomplete Letter Sent
12/13/2005	Contact - Telephone call made Facility to be constructed in the spring; appl. working on policies.
02/14/2006	Contact - Telephone call received Applicant completing required paperwork
04/03/2006	Contact - Telephone call received Construction of site has begun.
05/30/2007	Inspection Report Requested - Health
06/29/2007	Inspection Completed-Env. Health : A
06/29/2007	Inspection Completed On-site
07/02/2007	Inspection Completed-BFS Sub. Compliance
07/02/2007	Application Incomplete Letter Sent
07/22/2007	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in a wooded area in rural Newaygo County. The home is a factory built, pre-fabricated construction recently moved to the present site. The home has been placed upon a block foundation, which provides a crawl space under the facility. A new stick built addition to the home has been constructed on site.

This single level home consists of a living space comprised of a living room, family room, dining room, kitchen, and a laundry room, an office, five bedrooms, three bathrooms. Smoke detectors powered from the building's electrical system have been installed by a licensed electrician and equipped with single station, battery back up detectors. When activated the alarm is audible in all sleeping rooms with the doors closed. The heat plant is located in the laundry room. The furnace is in an enclosed space. Separation is provided by a 1 ¾" steel fire door with an automatic self closer.

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

Resident bedroom #1 is 13' x 12'6" = 162.5 sq. ft for 1 resident

Resident bedroom #2 is 12'6" x 14'1" = 176 sq. ft. for 2 residents

Resident bedroom #3 is 12'8" x 12'5" = 157.23 sq. ft. for 1 resident

Resident bedroom #4 is 10'2" X 11'8" = 118.58 sq ft for 1 resident

Resident bedroom #5 is 10'1" X 9'6" = 95.76 sq ft for 1 resident.

The living room, dining room, and sitting room areas measure a total of 631 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

This home is not barrier free or handicap accessible or has it been previously licensed as an adult foster care home.

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 6 male or female residents who have a diagnosis of a developmental disability, mental illness, or aged, in the least restrictive environment possible. The facility is not handicap accessible so individuals who are non-ambulatory cannot be considered. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/ responsible person prioritize at admission.

If identified as a need in the assessment upon admission and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in.

C. Applicant and Administrator Qualifications

The applicant is Woodland Park Manor, LLC, which is a “Domestic Limited Liability Company,” established in the State of Michigan on 07/26/2005. The applicant submitted financial statements and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Woodland Park Manor, LLC has submitted documentation appointing Joya Craighead as Licensee Designee for this facility and Joya Craighead as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee 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 designee 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 3-bed facility is adequate and includes a minimum of 1 staff to 6 residents per awake shift and 1 staff to 6 residents during the sleep shift. If residents are accepted who require awake staff during the sleep shift, then awake staff will be provided during the sleep hours.

The licensee designee acknowledges 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 licensee designee 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), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee acknowledges his 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 licensee designee acknowledges his responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is his intent to achieve and maintain compliance with these requirements.


The licensee designee 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 licensee designee has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges his 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 licensee designee 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.

IV. RECOMMENDATION


I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).



Edna E. Albert
Licensing Consultant

08/01/2007
Date

Approved By:



Christopher J. Hibbler
Area Manager

08/01/2007
Date