



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 5, 2007

Deborah Durham
Wood Care VIII, Inc.
910 S Washington Ave
Royal Oak, MI 48067

RE: Application #: AL090281510
Leighton House Inn
6700 Westside Saginaw Rd
Bay City, MI 48706

Dear Mrs. Durham:

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 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 (989) 835-7241.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090281510
Applicant Name:	Wood Care VIII, Inc.
Applicant Address:	910 S Washington Ave Royal Oak, MI 48067
Applicant Telephone #:	(248) 543-7300
Licensee Designee:	Deborah Durham, Designee
Administrator	Stephanie Hildebrant
Name of Facility:	Leighton House Inn
Facility Address:	6700 Westside Saginaw Rd Bay City, MI 48706
Facility Telephone #:	(989) 667-9800
Application Date:	01/12/2006
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

01/12/2006	Enrollment
01/12/2006	Inspection Report Requested - Fire
01/12/2006	Contact - Document Sent OCAL-1712, BCCFS-979, and Fire Safety letter to applicant
01/13/2006	Inspection Report Requested - Health
01/27/2006	File Transferred To Field Office Midland
02/01/2006	Comment - Application Packet Received from C.O.
02/02/2006	Application Incomplete Letter Sent
10/11/2007	Inspection Completed-Fire Safety : A
10/12/2007	Contact - Face to Face
10/16/2007	Inspection Completed On-site
10/30/2007	Inspection Completed-Environmental Health : A
11/06/2007	Contact - Document Received -Emergency fire exit routes, and floor plans were dropped off at this office.
11/07/2007	Contact - Telephone call made to Bureau of Construction Codes and Fire Safety (BCCFS).
11/12/2007	Meeting with BCCFS inspectors at Saginaw BFS office.
12/03/2007	Contact - Document Received - room sizes and dimensions.
12/04/2007	Telephone call to Administrator, Stephanie Hildebrant. Need applicant - Cartell Inns of Tri Cities - Articles of Organization. Documents received by fax.
12/05/2007	Telephone call received from Stephanie Hildebrant, Administrator.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Leighton House Inn is part of a newly constructed multi care facility, which includes two twenty-bed adult foster care facilities and a 60 bed nursing home. The facility was completed in November of 2007. Leighton House Inn is an attractive ranch style facility built on a slab. Leighton House Inn consists of 3 sitting areas, a dining room, a family dining room, medication room, sub-kitchen/serving station, 16 bedrooms, and ample storage closets for administration and residents personal property. Leighton House Inn is separated from a recreation area by fire rated doors, leading into "Main Street" which has a Theatre, Beauty Salon, Candy shop, an entertaining view of simulated shop windows as well as a lovely court yard. There are many little tables in the "Main Street" area to sit at for socializing with other residents of the facilities. The Administrative wing of this multi-complex is separated from Leighton House by a two-hour firewall with rated doors equipped with self-closing devices. The Administrative wing includes a physical therapy/rehabilitation training room, Industrial Kitchen, and the administrative offices.

There is an individual forced air, gas furnace in each resident room to allow the staff to regulate the room temperature to the preference of each resident. The individual furnaces are surrounded by 1 hour rated closet and a rated door as well as having a sprinkler head within the furnace closet. Each furnace room has inspection reports to verify approval by the Bureau of Construction Codes and Fire Safety (BCCFS) plan review process. Leighton House Inn utilizes a boiler to furnish continuous hot water throughout the facility. The boiler is located on the upper level mezzanine, which is not located above a resident bedroom. The facility has a roof top furnace to heat the corridors in the facility. The rooftop furnace has a vertical 1-hour-fire-resistance rating wall provided by the roof surface. The rooftop furnace ductwork has dampers at each corridor to allow sections of the ductwork to be shut off in cases of emergency, so that smoke could not travel throughout the facility. 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 Plan Review for this facility gave a final approval on 10/11/07. The Bay County Environmental Health Inspection was completed with full approval on 10/30/07.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
601,602,607	20.5 x 11 + 3.11 x 11.2	260	Single Occupancy
603, 604	16.5 x 17	280.5	Single Occupancy
605, 606, 610	9.6 x 19.6 + 6.4 x 11 +11.6 x 10.10	375.4	Double

608, 613	20 x10 + 6.4 x 2	214	Single Occupancy
609, 612	22.8 x 11.2	255	Single Occupancy
611,614,616	19.1 x 10.10	192.91	Single occupancy
615	9.2 x 16.8 + 16 x 20.8	478.8	Double

The living, dining, and sitting room areas measure a total of 1040 square feet of living space (providing over 52 square feet of living space per resident). This exceeds the minimum of 35 square feet per resident 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 adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. Residents will be referred from: local hospitals, council on aging, agencies providing services to individuals with aging or dementia related diagnosis as well as through advertising and marketing strategies.

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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Wood Care VIII, Inc., which is a “For Profit Corporation” which was established in Michigan, on 01/27/1988. The applicant is doing business under an assumed name – Caretel Inns of Tri-Cities, ID number 429187. 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 Wood Care VIII, Inc., has submitted documentation appointing Deborah Durham as Licensee Designee for this facility. Stephanie Hildebrant has been identified as the Administrator of the facility

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee, Deborah Durham and the Administrator, Stephanie Hildebrant. 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 staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents during daytime shifts and 1 staff to 20 residents during third shift. All staff shall be awake during sleeping hours.

The applicant 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 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

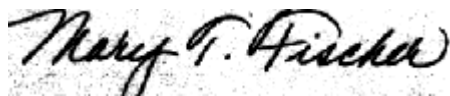
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend the issuance of a six-month temporary license to operate this adult foster care large group home (capacity 13-20).



12/05/2007

Mary T. Fischer
Licensing Consultant

Date

Approved By:



12/05/2007

Christopher Hibbler
Area Manager

Date