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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY
AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

SHELLY
EDGERTON
DIRECTOR

January 13, 2017

Jeffrey Dewitt
Country Acres Enterprises LLC
2649 W. Woodrow Road
Shelby, MI 49455

RE: Application #: AM640382535
Country Acres Enterprises LLC
2649 W. Woodrow Road
Shelby, MI 49455

Dear Mr. Dewitt:

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 11 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM640382535
Applicant Name:	Country Acres Enterprises LLC
Applicant Address:	2649 W. Woodrow Road Shelby, MI 49455
Applicant Telephone #:	231-861-2702
Administrator/Licensee Designee:	Jeffrey Dewitt, Designee Amy Dewitt, Administrator
Name of Facility:	Country Acres Enterprises LLC
Facility Address:	2649 W. Woodrow Road Shelby, MI 49455
Facility Telephone #:	(231) 861-2702
Application Date:	04/15/2016
Capacity:	11
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/14/2016	Inspection Report Requested - Fire Ok per consultant
01/14/2016	Inspection Completed-Fire Safety : A
04/15/2016	Enrollment
04/29/2016	Contact - Document Received Fed ID # & corp paperwork
04/29/2016	Comment FP's for Jeff D

05/04/2016	Inspection Report Requested - Health Inv. #1025656
05/04/2016	Contact - Document Sent Rules & Act booklets
05/04/2016	Application Incomplete Letter Sent FP's for Jeff D (LD)
06/09/2016	Inspection Completed-Env. Health : A
06/23/2016	SC-ORR Response Requested
06/23/2016	SC-ORR Response Received-Approval
07/15/2016	Application Complete/On-site Needed
07/15/2016	Inspection Completed On-site
07/15/2016	Inspection Completed-BCAL Full Compliance
07/18/2016	Application received- Special Certification
1/13/2017	Inspection Completed On-Site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has previously been licensed since 08/16/2005 as Country Acres AFC, license # AM640273820. Current Licensees are husband and wife, Amy and Jeff Dewitt. They have decided to create a corporate licensee with Jeff acting as Designee and Amy acting as Administrator.

Country Acres Enterprises is a split-level, ranch style home in rural setting just outside the city of Shelby in Oceana County. The main floor of the resident area consists of a living room, dining room/kitchen combination, full bath and two resident bedrooms. The lower, walk-out level of the resident area consists of another full bath, another living room, two resident bedrooms, and the furnace/utility room. The main floor of the facility is wheelchair accessible. The licensee has an apartment that is attached to the resident area, but is separate. There is a large back yard for resident use which includes an in-ground pool that residents are not allowed to use. There is a fence all the way around the pool and alarms on the doors in the evening to ensure residents do not gain access.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs and on the main floor or basement in a room that 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 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 facility is equipped with an approved pull station alarm system and a sprinkling system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'1x13'5"	229	3
2	17'1x13'5"	229	3
3	17'10" x 12'10"	228	3
4	12'0 x 11'2"	134	2

The living, dining, and sitting room areas measure a total of 947 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 eleven (11) 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 eleven (11) 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. The applicant intends to accept residents from Oceana County-DHHS, Oceana County CMH, or private pay individuals as a referral source.

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 Country Acres Enterprises, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/01/2016. 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 members of Country Acres Enterprises, L.L.C. have submitted documentation appointing Jeff Dewitt as Licensee Designee for this facility and Amy Dewitt as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. 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 11 bed facility is adequate and includes a minimum of 1staff -to-11residents per 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 not 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)

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, 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 of 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 that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 issuance of a temporary license to this AFC adult medium group home (capacity 11).



01/13/2017

Rebecca Piccard
Licensing Consultant

Date

Approved By:



01/13/2017

Jerry Hendrick
Area Manager

Date