



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

September 23, 2015

Rockney Wing, Jr. & Anna Wing  
2670 S. Michigan Road  
Eaton Rapids, MI 48827

RE: Application #: AL330356409  
East Oak Residents Home  
231 E. Oak Street  
Mason, MI 48854

Dear Rockney Wing, Jr. & Anna Wing:

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 17 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5607

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330356409
<b>Applicant Name:</b>	Rockney Wing, Jr. & Anna Wing
<b>Applicant Address:</b>	2670 S. Michigan Road Eaton Rapids, MI 48827
<b>Applicant Telephone #:</b>	(517) 663-4435
<b>Administrator:</b>	Anna Wing
<b>Name of Facility:</b>	East Oak Residents Home
<b>Facility Address:</b>	231 E. Oak Street Mason, MI 48854
<b>Facility Telephone #:</b>	(517) 676-2788
<b>Application Date:</b>	01/28/2014
<b>Capacity:</b>	17
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

06/18/2013	Inspection Completed-Env. Health : A
06/18/2013	Inspection Completed-Env. Health : A
01/28/2014	Enrollment
02/24/2014	Inspection Report Requested - Health Inv. #1022702
02/24/2014	Inspection Report Requested - Fire
02/24/2014	Contact - Document Sent Fire Safety String
03/10/2014	Application Incomplete Letter Sent
04/29/2014	Inspection Completed On-site
02/09/2015	Contact - Telephone call made Spoke with Anna Wing regarding the pending application. Indicates they are still planning to have a license. Mr. Wing will call me today with an update.
03/02/2015	Inspection Completed-Fire Safety : A
06/16/2015	Inspection Completed-Env. Health : A
09/01/2015	Contact - Telephone call made Spoke with Licensee regarding original report status
09/01/2015	Application Complete/On-site Needed
09/09/2015	Inspection Completed-BCAL Full Compliance
09/14/2015	Contact - Document Received

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two story home with additions to expand the lower level of the facility. It is located an older established neighborhood near downtown Mason. The facility was originally licensed on 07/09/1975. The facility has been in continual operation since that time. The original facility license was issued to and has been owned and operated by Rockney Wing Sr. and Beverly Wing.

The furnaces and hot water heaters are located on the main floor in an enclosed area that was given an A rating from the Bureau of Fire Services on 03/02/2015. The facility is equipped with an interconnected hardwire smoke detection system and a sprinkler system giving full coverage to the facility. An Environmental Health Inspection was completed at the facility on 06/16/2015, the facility was given an A rating.

The main entrance to the facility is at grade and can be easily accessed by residents who are walker reliant. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

*\*It should be noted that this facility has been licensed since 1975 at that time it was acceptable for more than 3 residents to occupy a room. This facility has been continually licensed since 1975 and there are rooms in this facility in which there are more than 3 residents per room.*

**Lower Level**

<b>Location</b>	<b>Square Footage</b>	<b>Number of Residents</b>
Room 1	312 sq. ft.	3
Room 2	198 sq. ft.	2
Room 3	182 sq. ft.	3

**Upper Level**

<b>Location</b>	<b>Square Footage</b>	<b>Number of Residents</b>
Room 4	128 sq. ft.	2
Room 5	120 sq. ft.	2
Room 6	120 sq. ft.	2
Room 7	130 sq. ft.	3

The facility has ample living area space including a private living room for residents to meet with friends and family. There are two resident bathrooms on the lower level of facility. There is a large common area in the front of the facility as well as dining areas. There is a large kitchen that will be used to provide meals for residents. This facility exceeds the minimum of 35 square feet of living space per resident requirement.

Based on the above measurements, it is concluded that this facility can accommodate 17 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The Licensee will provide 24 hour supervision, protection and personal care to 17 male and female residents, age 18 and up, who are diagnosed as developmentally disabled and/or mentally ill. The facility will provide supportive services, including long term care, respite or daycare to the 17 individuals in need of these services. This home cannot accommodate residents that require the use of a wheelchair.

The facility will provide Life enrichment activities such as guest entertainers, parties, theme meals, arts and crafts, exercise, gardening and worship services for resident activities and recreation. The program will strive to identify, emphasize, build on a person's abilities, encourage independence, develop meaningful relationships, encourage community involvement and seek opportunities to celebrate life. An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs.

Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written.

Personal care and supervision services shall be implemented only by trained staff. The licensee will assure the availability of transportation to medical appointments.

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

The applicant is Rockney Wing Jr and Anna Wing. Rockney Jr and Anna are the son and daughter-in-law to the current facility owner and operators Rockney Wing Sr. and Beverly Wing. Rockney Wing Sr and Beverly Wing have given permission for BCAL to inspect the facility for inspections and investigations. 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.

Rockney Wing Jr and Anna Wing have worked in the facility with Rockney Wing Sr and Beverly Wing for approximately 30 years serving the resident population. Ms. Anna Wing currently serves as the administrator for this facility. Ms. Anna Wing will serve as the Licensee Designee for this facility as well.

A licensing record clearance was conducted and found no LEIN convictions for the licensee designee or the administrator. The licensee designee and administrator each submitted a medical clearance statement documenting good health and current TB tests with negative results.

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

The staffing pattern for the original license of this 17 bed facility is adequate and includes a minimum of 2 direct care staff members to 17 residents on the 1<sup>st</sup> shift, 2 direct care staff members to 17 residents on the 2<sup>nd</sup> shift, and 2 direct care staff members to 17 residents on the 3<sup>rd</sup> shift.

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 acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, 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, L-1 Identity Solutions™, and the related documents required to be maintained in each employee 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 volunteers and the retention schedule for all of the documents contained within the 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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving 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.

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.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care large group home with a capacity of seventeen (17) residents.



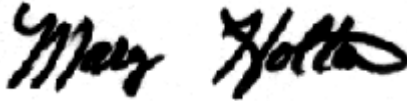
09/23/2015

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Dawn Campbell  
Licensing Consultant

Date

Approved By:



09/25/2015

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Mary E Holton  
Area Manager

Date