



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 7, 2018

Blake Ewing  
A Home Away From Home, LLC  
4024 Casey Key Road  
Nokomis, FL 34275

RE: Application #: AS230396089  
**A Home Away From Home**  
**3121 Grand Ledge Highway**  
**Grand Ledge, MI 48837**

Dear Mr. Ewing:

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 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 "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS230396089
<b>Applicant Name:</b>	A Home Away From Home, LLC
<b>Applicant Address:</b>	4024 Casey Key Road Nokomis, FL 34275
<b>Applicant Telephone #:</b>	517-582-1472
<b>Administrator</b>	Shay Sailor
<b>Licensee Designee:</b>	Blake Ewing
<b>Name of Facility:</b>	A Home Away From Home
<b>Facility Address:</b>	3121 Grand Ledge Highway Grand Ledge, MI 48837
<b>Facility Telephone #:</b>	(517) 582-1472
<b>Application Date:</b>	08/27/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

07/31/2018	Inspection Completed-Env. Health : A See AS230354030
08/27/2018	Enrollment
08/31/2018	Contact - Document Sent Rule & Act booklets
09/06/2018	Application Incomplete Letter Sent
09/21/2018	Contact - Telephone call made Applicant changed the program types of the license.
09/24/2018	Inspection Completed On-site
09/24/2018	Inspection Completed-BCAL Full Compliance
10/04/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

A Home Away From Home AFC is a large, ranch-style facility on almost an acre lot. The facility is located in the rural area of Grand Ledge, Michigan, which is a 20-minute drive from Lansing. There is ample parking for visitors and staff members. The front of the facility is close to the main road and is surrounded by a split-rail fence that is enclosed on three sides, has a patio table and chairs available to all residents to use for sitting outside or visiting with family and friends. The facility is equipped with cable television in each bedroom, in the living room and Wi-Fi throughout the facility. The facility is also equipped with six security cameras located in the following common areas only: outside and inside the front door, kitchen, living room, outside the main bathroom and over the medication cart. These cameras tape for 24-hour increments and the monitor is in the basement of the facility. The basement of the facility contains an efficiency apartment; however, the apartment has a separate entrance from the facility and will not be utilized or accessible to residents.

The main level of the facility has six resident bedrooms, a large sitting room for private family visits, one full bathroom, two-half bathrooms, dining room, kitchen and laundry

area. The facility is wheelchair accessible and has two exits with ramps from the main level of the facility. One wheelchair accessible entrance/exit is located in the front of the facility and the other is located on the east side of the facility off the kitchen. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes private water and private sewage disposal systems. This facility was inspected by the Mid-Michigan Health Department on 07/31/2018 and was in substantial compliance.

The facility is equipped with a gas furnace which was installed, inspected and found to be in good working condition on 07/28/2016. The furnace is located in the finished basement in a separate enclosed area and floor separation is established by a fire-rated, fully enclosed metal door equipped with an automatic self-closing device and positive latching hardware. The hot water heater is located in this area as well and was installed on 03/28/2014 and is inspected yearly.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'3 X 10'7	108.47	1
2	11'5 X 10'9	122.72	1
3	13'8 X 10'5	142.36	1
4	12'10 X 11'6	147.58	1
5	14'5 X 5'	216.25	1
6	14'2 X 10'8	151.1	1
Sitting Room	16' X 28'	448	0
Dining Room	16' X 28'	448	0
Kitchen	9'6 X 14'	133	0

The indoor living and dining areas measure a total of 1,917.48 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged and at least 55 years old. The program will include opportunities to socialize with one another and staff members through crafts,

bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept referrals from Tri-County Office on Aging MI Choice Waiver Program as well as residents with private sources for payment.

For residents diagnosed with Alzheimer's disease and/or dementia, Mr. Ewing plans to gather additional assessment information prior to admission to better understand how to the individual's diagnosis of Alzheimer's/dementia impacts them so that direct care staff members will be properly informed on how to best care for the individual on a daily basis. The assessment process will also include the individual's current level of communication and functioning so staff understand how to interpret the individual's verbal cues or physical gestures. Additional information will be gathered to determine the individual's interest so appropriate activities such as music, exercise, reviewing photo albums, folding and sorting tasks can assist the resident in daily functioning. The facility direct care staff members will continually assess the resident and make changes as necessary to meet the resident's needs

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques. The facility will provide ongoing training for direct care staff members working with Alzheimer's residents and accommodating the resident's individual routines and preferences.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. Additionally, the facility offers a hairdresser, visiting physicians and hospice care. These resources provide an environment to enhance the quality of life of residents.

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

The applicant is A Home Away From Home AFC, LLC., a "For Profit Corporation", established in Michigan on May 17, 2018. 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 President of the Board of Directors has submitted documentation appointing Mr. Blake Ewing as licensee designee and Ms. Shay Sailor as administrator for this facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

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

rules. Mr. Ewing, licensee designee has worked with the aged population for the past eight years as both a staff member providing direct care to residents. Since 2013, Mr. Ewing has managed the administrative and financial aspects of another adult foster home. Mr. Ewing has worked previously as an emergency medical technician (EMT) providing emergency care to individuals. Mr. Ewing has received training from Eastern Michigan university on the care of residents with Alzheimer's disease. Mr. Ewing has provided care to residents who have been combative, non-verbal or incontinent due to the effects of advanced Alzheimer's/dementia related conditions. Administrator Ms. Sailor has worked with the aged population as a certified nursing assistant (CNA) since 2000 and has been a direct care worker at an AFC that specialized with the aged and Alzheimer's populations since 2013.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff-to-resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs especially residents diagnosed with Alzheimer's/dementia related conditions. The applicant has indicated that one direct care staff will be awake during sleeping hours.

Mr. Ewing acknowledged 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.

Mr. Ewing acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Ewing acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee Mr. Ewing will administer medication to residents. In addition, Mr. Ewing 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.

Mr. Ewing acknowledged the 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, Mr. Ewing acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Ewing acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Ewing acknowledged the responsibility to obtain the required 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.

Mr. Ewing acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Ewing an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Ewing an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Mr. Ewing acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Ewing acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.

*Julie Elkins*

10/05/2018

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Julie Elkins  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

10/07/2018

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Dawn N. Timm  
Area Manager

Date