



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 2, 2018

Tawnya Ebels
Prevailing Grace, LLC
Po Box 65
Falmouth, MI 49632

RE: Application #: AM570388583
Quiet Creek AFC
292 E Falmouth Rd
Falmouth, MI 49632

Dear Ms. Ebels:

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 12 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

License Application #:	AM570388583
Licensee Name:	Prevailing Grace, LLC
Licensee Address:	292 E Falmouth Rd Falmouth, MI 49632
Licensee Telephone #:	(231) 878-1828
Administrator:	Tawnya Ebels
Licensee Designee:	Tawnya Ebels
Name of Facility:	Quiet Creek AFC
Facility Address:	292 E Falmouth Rd Falmouth, MI 49632
Facility Telephone #:	(231) 920-1621 05/23/2017
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

05/23/2017	On-Line Enrollment
05/23/2017	Application Incomplete Letter Sent needs finger print for Tawnya Ebels
07/14/2017	Application Incomplete Letter Sent
11/22/2017	Inspection Completed-Fire Safety : A
12/04/2017	Inspection Completed- Env Health: A
12/21/2017	Inspection Completed On-site
12/21/2017	Inspection Completed-BCAL Full Compliance
12/28/2017	Contact- Telephone call made to BFS Inspector- reviewed fire safety rule

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Quiet Creek AFC is a large, spacious, single story ranch-style facility located in Clam Union Township, a civil township of Missaukee County in Falmouth, Michigan. Various restaurants, shopping options, a bank, post office, library, community center, a dam for fishing and swimming and a variety of churches are available to residents in Falmouth, Michigan. Falmouth is also known for its 4th of July celebration that shuts down the road from the post office to the AFC where the town gathers to celebrate. The facility is located near the road in a quiet neighborhood subdivision in this small town. The Clam River runs approximately 175 yards away from the west corner of the facility property, but is naturally hidden from view by distance as well as a small orchard. The facility provides ample parking for visitors and staff members. Although the front yard of the facility is smaller, the backyard of the facility has an enclosed deck that is accessible to the residents through French doors and is approximately 7'x 26' in length. This space provides an ample opportunity for residents to enjoy fresh air and observe wildlife on the 1.25 acres of property surrounding the facility.

The main level of the facility has a roomy layout with 12 private resident bedrooms, a large main living room, a second smaller living room, and sitting room/dining room that can be utilized for private family visits. Additionally the facility has three full bathrooms,

a large dining room, kitchen, medication room and large laundry area. The facility is also equipped with heated floors and a backup generator that runs the entire facility in the event of a power outage. The facility has an unfinished basement which houses the heat plant as well as the water heater, however this area will not be utilized or accessible to residents. The facility is also equipped with a second fully working kitchen, which will not be used by the facility or accessible to residents at this time. The facility is wheelchair accessible and has two exits with approved wheelchair ramps from the main level of the facility. One wheelchair accessible entrance/exit is located at the front of the facility and the other is located near the back/west side of the facility. Hallways and door widths inside of the facility are also able to accommodate individuals who use wheelchairs to assist with mobility. An additional amenity offered by the facility is beautician services. A small beauty shop, with one licensed beautician, will be housed at the facility and will offer services at an additional cost to residents. This service has a separate entrance from the facility and will not impact the everyday life of residents.

The facility utilizes private water and private sewage disposal systems. This facility was inspected by the Mid-Michigan Health Department on 12/04/2017 and was determined to be in substantial compliance.

The facility is equipped with a natural gas boiler which was inspected and found to be in good working condition on 11/02/2017. The boiler is located in the unfinished basement and floor separation is established by the facilities sprinkler system. The Bureau of Fire Services Inspector determined at the time of his inspection on 11/22/2017 that a 1 ¾ solid wood core door or a fire-rated, fully enclosed metal door located at the basement level was not required due to the basement being fully sprinkled. The door separately the main level from the basement is equipped with an automatic self-closing device and positive latching hardware. The hot water heater is located in this area as well.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician, is fully operational and was inspected on 11/02/2017. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility received an 'A' rating on 11/22/2017.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'2 x 13'6	137.25	1
2	10'8 x 12'6	133.33	1
3	10 x 12	120	1
4	10 x 12	120	1
5	10 x 12	120	1
6	10 x 12	120	1

7	10 x 12	120	1
8	12 x 10	120	1
9	12 x 10	120	1
10	12 x 10	120	1
11	12 x 10	120	1
12	12 x 10	120	1
Sitting Room/Dining room #2	12 x 12'4	148	0
2 nd Living room	13'10 x 18'6	255.92	0
Dining room	14'10 x 22	326.33	0
Kitchen	11'4 x 18	204	0
Living Room	17'3 x 21'12	379.5	0
Laundry Room	7 x 18	126	0
Medication Room	5 x 7	35	0
Staff Office	14 x 13'6	189	0

The indoor living and dining areas measures over 3,285.58 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 twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Mrs. Tawnya Ebels, applicant, intends to provide 24-hour supervision, protection and personal care to twelve (12) male and/or female residents who are developmentally disabled or aged. Mrs. Ebels recognizes from her work experiences that that these two populations can be difficult to manage together as they do not always cohabitate well, so she intends to interview and screen potential residents for suitability and compatibility with other residents prior to admittance. The program will include opportunities to socialize with one another and staff members through crafts, bingo, playing games, coloring, reading, doing puzzles, watching television, enjoying the outdoors and community outings. Hospice services as well as services from Hope Network, Community Foot Print in Time, ROCK and ISD will be offered to residents with developmental disabilities for community living services and supports. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant, Ms. Ebels intends to accept referrals from Tri-County Office on Aging MI Choice Waiver Program as well as residents with private sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Hope Network, ROCK, Tri-County Office on Aging for recreational activities for residents. Additionally, the facility offers hospice care.

C. Rule/Statutory Violations

The applicant is Prevailing Grace, LLC, a “For Profit Corporation”, established in Michigan on July 10, 2017. 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.

Mr. Matthew Ebels and Mrs. Tawnya Ebels, who own 95% of this business, have submitted documentation appointing Mrs. Tawnya Ebels as licensee designee and administrator for this facility. Jordan Shepler owns the remaining 5% of the company.

Criminal history background checks for Tawnya Ebels, licensee designee and administrator, were completed and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Tawnya Ebels submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

The licensee designee/administrator, Mrs. Ebels, has provided documentation to satisfy the qualifications and training requirements identified for the group home administrative rules. Mrs. Ebels, licensee designee and administrator, is currently a registered nurse and has hospice and palliative certifications with the State of Michigan, advanced life support certification, basic life support certification and a Trauma nursing certification. Mrs. Ebels began working as a certified nursing assistant in 1999 in a long-term care facility that primarily served aged individuals diagnosed with Alzheimer’s disease and dementia. Mrs. Ebels worked with this population for approximately seven years. In 2006, Mrs. Ebels started working as a hospice aid and remained with this population for five years. Mrs. Ebels then worked as a certified nursing assistance in the acute care, critical care, and ICU settings at a hospital while earning her nursing degree. Mrs. Ebels graduated with a degree in nursing in 2014 and worked in a hospital emergency room as a registered nurse. During the three years she worked in the hospital emergency room, Mrs. Ebels provided care for individuals diagnosed with developmental disabilities as well as those who were aged. Currently, Mrs. Ebels works as a public health nurse and has a passion for providing personalized, compassion care to the elderly and developmentally disabled populations.

The staffing pattern for the original license of this twelve bed facility is adequate and includes two staff for twelve residents from 7am-9pm and one awake staff for all other shifts. 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. The applicant has indicated that one direct care staff will be awake around the clock including during sleeping hours.

Mrs. Ebels 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.

Mrs. Ebels 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) and the related documents required to demonstrate compliance.

Mrs. Ebels 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, Mrs. Ebels will administer medication to residents. In addition, Mrs. Ebels has indicated that resident medication will be stored in a locked room and that daily medication administration records (MARs) will be maintained on each resident whose medication is administered utilizing electronic MARs. Mrs. Ebels is aware that if the electronic MARs cannot be accessed that handwritten records must be kept.

Mrs. Ebels 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 Mrs. Ebels 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.

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

Mrs. Ebels 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.

Mrs. Ebels acknowledged the 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.

Mrs. Ebels acknowledged 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mrs. Ebels acknowledged 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.

Mrs. Ebels 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.

Mrs. Ebels 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.

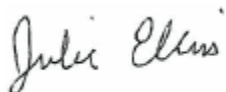
Mrs. Ebels acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

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 medium group home (capacity 7-12).



12/28/2017

Julie Elkins
Licensing Consultant

Date

Approved By:



01/02/2018

Dawn N. Timm
Area Manager

Date