



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 5, 2020

Kimberly Bowen
Welcome Home Assisted Living - Owosso
1605 Vandekarr Rd
Owosso, MI 48867

RE: Application #: AS780402781
Welcome Home Honey
1605 Vandekarr Rd
Owosso, MI 48867

Dear Ms. Bowen:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-8967

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---------------------------------------|
| License #: | AS780402781 |
| Licensee Name: | Welcome Home Assisted Living - Owosso |
| Licensee Address: | 1605 Vandekarr Rd Owosso, MI 48867 |
| Licensee Telephone #: | (989) 723-3807 |
| Licensee Designee: | Kimberly Bowen, Designee |
| Administrator: | Brooke Bowen |
| Name of Facility: | Welcome Home Honey |
| Facility Address: | 1605 Vandekarr Rd Owosso, MI 48867 |
| Facility Telephone #: | (989) 723-3807 |
| Application Date: | 12/19/2019 |
| Capacity: | 6 |
| Program Type: | AGED |

II. METHODOLOGY

| | |
|------------|--|
| 10/29/2019 | Inspection Completed-Env. Health: A See AS780313707 |
| 12/19/2019 | On-Line Enrollment |
| 12/20/2019 | Contact - Document Sent Act booklet |
| 12/23/2019 | Contact - Document Received App & AFC100 for Brooke (Admin) |
| 01/29/2020 | Contact - Document Received 1326 & RI-030 for Kimberly |
| 01/29/2020 | Application Complete/On-site Needed |
| 01/30/2020 | Inspection Completed – Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large ranch-style home with vinyl siding. Approximately one-half of the facility has a large basement, while the other half sits on a crawl space. The facility is on 1.1 acres of land and is located on a paved road in rural Shiawassee County in Owosso, Michigan. There is ample space for direct care staff member and visitor parking in the large paved driveway. Attached to the home is a two-car garage with cement floors and storage space. There are five steps leading up to the front entrance of the home. Attached to the right side of the steps is a large two-tier wheelchair ramp that also leads directly to the front door entrance. The ramp and stairs have railings of adequate height on all open sides. The facility has another entrance off the driveway located between the facility and the garage. This entrance opens to a long-enclosed hallway that connects the facility with the garage. The entrance and hallway start at grade level and continues on a slight incline before reaching another door, which opens into the inside of the facility. This hallway/ramp is equipped with a railing spanning the entire length to assist residents and visitors. The main level of the facility has two half-bathrooms, shower room, laundry room, small sun porch, kitchen, food pantry, dining area which is large enough to seat six residents comfortably. All of these areas are available to residents and provide more than the required 35 square feet per resident. A staff half-bathroom and staff office are also located on the main level and are not available for resident use.

The resident areas are measured as follows:

| | | |
|-------------|-------------------|-------------|
| Living Room | 637.8 square feet | |
| Dining Room | 372.4 square feet | |
| Bedroom 1 | 238 square feet | 1 resident |
| Bedroom 2 | 198 square feet | 2 residents |
| Bedroom 3 | 169.4 square feet | 1 resident |
| Bedroom 4 | 183.4 square feet | 2 residents |

The facility basement is unfinished and is not approved for resident use. The furnace and two hot water heaters are located in the basement and are separated from the main level of the home by a solid steel door hung in a fully stopped steel frame. The door is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an interconnected smoke detention system and has a smoke detector in the hallway outside resident bedrooms, dining area, living area, each bedroom and in hallway directly outside bedroom #1 and laundry room. Fire extinguishers are located both levels of the facility.

The facility has private water and sewage disposal system. The Shiawassee County Health Department inspected the water supply and sewage disposal system on 10/19/2019 and the facility was found to be in full compliance with environmental health rules and requirements.

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 60 years of age and older. The program will include social interaction, personal adjustment and public safety. The applicant intends to accept 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 Tri-County Office on Aging for recreational activities. Additionally, the facility has an activity coordinator that schedules activities such as bingo, dances, resident birthday parties, crafts and sporting events. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Welcome Home Assisted Living - Owosso, LLC., a "For Profit Corporation", established in Michigan on November 26, 2013.

The Board of Directors of Welcome Home Assisted Living – Owosso, LLC. has submitted documentation appointing Kimberly Bowen as licensee designee for this facility and Brooke Bowen as the administrator of the 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 applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Kimberly Bowen, licensee designee, has worked as a Cardiac Registered Nurse for 25 years with the aged population. She has been the licensee designee and administrator for two other adult foster care facilities for the past twelve years which also serve the aged population. Ms. Brooke Bowen, administrator, has two years of formal experience working with the aged population as she has worked as a direct care staff member in the licensed AFC facilities owned by Kimberly Bowen. Prior to that, Ms. Brooke Bowen assisted Ms. Kimberly Bowen with the care of her grandmother when she moved in with them at age 97 years and they care for her until she was 101 years old.

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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.

The applicant 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 Kim Bowen will 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 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, the applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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.

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.

The applicant 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.

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

C. Rule/Statutory Violations

The facility is compliant with licensing rules.

IV. RECOMMENDATION

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

Candace L. Pilarski

2/3/2020

Candace Pilarski
Licensing Consultant

Date

Approved By:

Dawn Timm

02/05/2020

Dawn N. Timm
Area Manager

Date