



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 #: AS780402783
Welcome Home Sunshine
1609 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) 284-9700.

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 #:	AS780402783
Licensee Name:	Welcome Home Assisted Living - Owosso
Licensee Address:	1605 Vandekarr Rd Owosso, MI 48867
Licensee Telephone #:	(989) 723-3807
Licensee Designee:	Kimberly Bowen
Administrator:	Brooke Bowen
Name of Facility:	Welcome Home Sunshine
Facility Address:	1609 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 AS780385954
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-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Welcome Home Sunshine is a single-story, concrete slab construction style facility that is located in the rural city of Owosso. The facility has six resident bedrooms, four resident half-bathrooms, one full resident bathroom, one non-resident bathroom, a dining area, kitchen, food storage area, living room, laundry room, utility room, massage therapy room, conference room, employee break room, office and sunroom. The facility is wheelchair accessible and has two approved means of egress, both of which are at grade level. In the back of the facility the residents can enjoy a patio to watch for deer, birds and other wildlife. The facility has ample parking for resident guests and facility employees. The home utilizes a private water supply and private sewage disposal system. This facility was inspected by the Mid-Michigan Health Department on 10/29/2019 and was in substantial compliance.

The facility is equipped with two electric forced heat furnaces and two water heaters, both of which are located in separate rooms in the facility. Both rooms are constructed on drywall material which has a 1-hour-fire resistance rating and both rooms are equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. 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 x 15	150	1
2	10 x 15	150	1
3	10 x 15	150	1
4	10 x 15	150	1
5	10 x 15	150	1
6	10 x 15	150	1
Sunroom	20.5 x 7.5	153.75	0
Living room	20.8 x 17.9	372.32	0
Dining room	20.7 x 16.7	345.69	0
Kitchen	10.2 x 11.2	114.24	0
Conference Room	9.5 x 10	90.5	0

This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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 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 and they care for her until she was 101.

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 licensee designee Ms. 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.

D. Rule/Statutory Violations

The facility is in compliance with license 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

2/4/2020

Candace Pilarski
Licensing Consultant

Date

Approved By:

Dawn Timm

02/05/2020

Dawn N. Timm
Area Manager

Date