



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 18, 2021

Timothy Ewing
22 Burnham St. W
Battle Creek, MI 49015

RE: Application #: AF130404087
Eclipse Home
22 Burnham St. W
Battle Creek, MI 49015

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 4 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130404087
Applicant Name:	Timothy Ewing
Applicant Address:	22 Burnham St. W Battle Creek, MI 49015
Applicant Telephone #:	(269) 234-8126
Licensee:	Timothy Ewing
Administrator:	N/A
Name of Facility:	Eclipse Home
Facility Address:	22 Burnham St. W Battle Creek, MI 49015
Facility Telephone #:	(269) 234-8126 03/20/2020
Application Date:	
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/20/2020	Enrollment
03/25/2020	Contact - Document Sent Rule & ACT Books
03/25/2020	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Timothy Ewing and AFC 100 for Theresa McClain
03/25/2020	PSOR on Address Completed
06/10/2020	Lic. Unit file referred for background check review Red Screen on Responsible Person Theresa McClain
06/23/2020	Lic. Unit file referred for background check review Timothy Ewing
07/01/2020	File Transferred To Field Office Lansing
07/23/2020	Application Incomplete Letter Sent via email to licensee Timothy Ewing
09/29/2020	Contact-Document Received
11/23/2020	Inspection Completed On-site
11/25/2020	Confirming Letter Sent
01/25/2021	Contact-Document Received
01/27/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Eclipse Home is a traditional two-story home in the city of Battle Creek, MI a mile from Friendship Park, Full Blast water park and Kellogg Arena. The first floor of the home includes a kitchen, dining room, and living room. There is also one bedroom and one full bathroom that will be utilized by live-in staff who will reside in the home. The second floor includes one bedroom that will be occupied by the licensee and his minor daughter, three resident bedrooms and one full bathroom available to residents. There is a large storage area in the basement of the home. Residents will not access to the

basement. The home is not wheelchair accessible and the applicant does not plan to admit individuals who regularly use a wheelchair to ambulate or to assist with mobility.

The basement has a gas fired water heater and furnace that has been inspected and approved by a licensed heating contractor. The home is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The home is equipped with a battery powered, single station smoke detectors that been installed near sleeping areas on each occupied floor of the home and near all flame-or-heat producing equipment. The smoke detectors have been inspected and approved by a licensed technician. This home has a public water and sewer. The home is in substantial compliance with rules pertaining to Environmental Health and Fire Safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'2" x 11'6"	121	1
2	12'11" x 13'	156	2
3	11' x 8"	88	1

The family, dining, and living room areas measure a total of 322 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate **four (4) 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 four (4) ambulatory residents, who are aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept private-pay individuals, as well as individuals who are referred by Calhoun County DHHS, and local community mental health agencies such as Summitt Pointe.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident. The applicant intends to assure

emergency transportation through the use of an ambulance service, or a vehicle owned or in the possession of the applicant and/or their responsible persons.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed for applicant Timothy Ewing and responsible person Theresa McClain. Mr. Ewing and Ms. McClain submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this four (4) bed family home, there is adequate supervision with one (1) responsible person on-site per four (4) residents. The applicant acknowledges that the number of responsible persons on-site per the resident ratio could change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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 or 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 (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person or volunteer working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible persons, and volunteers.

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

The applicant acknowledges their 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 acknowledges their 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 required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative licensing rules pertaining to physical plant at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary AFC family home license with the capacity of four (4) residents.



Ondrea Johnson
Licensing Consultant

01/27/2021
Date

Approved By:



02/18/2021

Dawn N. Timm
Area Manager

Date