



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

April 16, 2014

Blake Ewing  
10686 Wacousta Road  
DeWitt, MI 48820

RE: Application #: AS230354030  
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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9720.

Sincerely,

Dawn Campbell, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5607

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS230354030

**Applicant Name:** Blake Ewing

**Applicant Address:** 10686 Wacousta Road  
DeWitt, MI 48820

**Applicant Telephone #:** (517) 214-3903

**Administrator:** Blake Ewing

**Name of Facility:** A Home Away From Home

**Facility Address:** 3121 Grand Ledge Highway  
Grand Ledge, MI 48837

**Facility Telephone #:** (517) 214-3903  
11/15/2013

**Application Date:**

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/15/2013	Enrollment
11/20/2013	Contact - Document Sent Rules & Act booklets
11/20/2013	Application Incomplete Letter Sent Need Add'l \$40
12/05/2013	Contact - Document Received Add'l \$40
12/19/2013	Inspection Report Requested - Health Inv. # 1022464
12/19/2013	Application Complete/On-site Needed
01/23/2014	Application Incomplete Letter Sent
03/25/2014	Inspection Completed-BCAL Full Compliance
03/31/2014	Inspection Completed-Env. Health : A
04/15/2014	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

A Home Away from Home is a ranch-style facility with in the Grand Ledge, Michigan. The facility is located in the rural area of Grand Ledge, Michigan, which is about a 20 minute drive from Lansing, Michigan. There is ample parking available for staff members and visitors. All three facility exits have lighting that illuminates the walkways into the hallways of the facility. The main level of the facility has 6 resident bedrooms, a and 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. The facility has one exit that is not wheelchair accessible. One wheelchair accessible entrance/exit is located in the front of the facility and the wheelchair accessible entrance/exit is located on the east side of the facility off of the kitchen area of the facility. Hallways and door widths inside the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes private water and private sewage disposal systems. The Mid-Michigan District Health Department conducted inspections of the property and facility 03/31/2014 issued the facility an 'A' rating.

The facility utilizes a gas furnace and hot water heater furnaces both of which were inspected and found in good working condition at the onsite inspection conducted on 03/25/2014. The furnace was also inspected by a licensed heating and cooling contractor on 03/25/2014. The furnace and hot water heater are located in a basement accessed from the outside of the facility.

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 inspected during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Resident Occupancy
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

The indoor living and dining areas measure a total of 448 square feet of living space. This meets/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 (50 and up) who are aged and/or who have Alzheimer's disease or related conditions. The program will offer the residents the opportunity to socialize with one another and staff members through board games, dominoes, puzzles, reading, watching television and participating in group outings. Family and friends are encouraged to visit as often as possible with their loved ones. The applicant will accept referrals from Tri-County Office on Aging MI Choice Waiver Program as well as accept 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 the individual's diagnosis of Alzheimer's/dementia impacts them so that staff members will be properly informed on how best to 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 best understand how to interpret the individual's verbal cues or physical gestures. Additional information will be gathered to determine the individual's interests so appropriate activities such as music, exercise, reviewing photo albums,

folding and sorting tasks can assist the resident in daily functioning. The facility will continually assess residents and make changes as necessary to meet resident 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 staff on working with Alzheimer's residents and accommodating the residents' individual routines and preferences.

In addition to the above program elements, it is the intent of the applicant to utilize local community and surrounding community resources for recreational activities including the library, shopping centers, churches, and any other activity of interest to the residents. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Administrator Qualifications**

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 with outside income from rental properties. Mr. Ewing also has another medium Adult Foster Care Facility in Dewitt which has been successfully operating since February of 2010.

An updated AFC/HFA Licensing Record Clearance Request was completed for Mr. Ewing on 10/22/2013 and fingerprints were submitted in August 2012. The results of the fingerprinting and Licensing Record Clearance Request determined that Mr. Ewing is of good moral character to provide licensed adult foster care. Mr. Ewing submitted an updated Medical Clearance Request on 11/04/2013 indicating Mr. Ewing has no physical/mental condition or health problem that limits his ability work around children/dependent adults. Mr. Ewing also has current negative tuberculosis test results.

Mr. Ewing has provided documentation to satisfy the qualification and training requirements identified in the group home administrative rules. For the last four years Mr. Ewing has worked as both a staff member providing direct care to residents as well as managing the administrative/financial aspects of the adult foster home.

Mr. Ewing has a previously worked as an 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 become combative, non-verbal or incontinent due to the effects of advanced Alzheimer's/dementia-related conditions.

The staffing pattern for the facility is adequate and includes a minimum of one staff for 6 residents per shift. Mr. Ewing understands that the staff ratio may need to be increased in order to provide the level of supervision or personal care required by the residents

due to the changes in their behavioral, physical, or medical needs especially residents diagnosed with Alzheimer's/dementia related conditions.

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, medical, training documents and signatures of all employees. Mr. Ewing acknowledges the requirement for obtaining criminal record checks of employees, volunteers or contractor 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 and the related documents required to determine compliance. Mr. Ewing has acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee, administrator, direct care staff or volunteer and to follow the retention schedule for those documents contained within each employee's record.

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 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 an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster 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 facility 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 of the documents that are required to be maintained in each residents file.

Mr. Ewing acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply with those administrative rules. The applicant acknowledged that a separate Resident Funds Part II will be created for each resident in order to document the date and amount of the adult foster services fee paid each month and all of the resident's person money transactions that have been agreed to be managed by the applicant.

Mr. Ewing acknowledged an understanding of the administrative rules requiring each resident be informed of their resident rights and provided with a copy of those rights. Mr.

Ewing indicated the intent to respect and safeguard these resident rights. Mr. Ewing 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. 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.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules relate 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 six-month temporary license to this adult foster care small group facility with a capacity of six (6) residents.



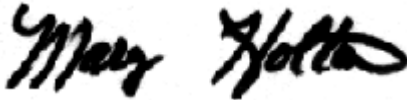
04/16/2014

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Dawn Campbell  
Licensing Consultant

Date

Approved By:



4/22/2014

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Mary E Holton  
Area Manager

Date