



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 05, 2018

Katherine Cowgill
25202 Eisenhower Dr
Mattawan, MI 49071

RE: Application #: AF390390776
Living Water AFC
807 Witters Ct
Portage, MI 49024

Dear Ms. Cowgill:

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) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

Application #:	AF390390776
Licensee Name:	Katherine Cowgill
Licensee Address:	807 Witters Ct PORTAGE, MI 49024
Licensee Telephone #:	(269) 808-5655
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Living Water AFC
Facility Address:	807 Witters Ct Portage, MI 49024
Facility Telephone #:	(269) 808-5655
Application Date:	10/05/2017
Capacity:	4
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

10/05/2017	On-Line Enrollment
10/12/2017	Contact - Document Sent-Rule & ACT Books
10/18/2017	Inspection Report Requested - Health1027557
10/24/2017	Contact - Document Received-1326/Fingerprint/RI 030 for Katherine Cowgill and 1326 for Responsible Person Dawn Boven
10/30/2017	Application Incomplete Letter Sent-SOS address discrepancy for Katherine Cowgill
11/08/2017	Contact - Document Received-Verification of change of address with SOS
11/08/2017	File Transferred To Field Office-Lansing
11/27/2017	Inspection Completed-Env. Health : A
12/06/2017	Application Incomplete Letter Sent
01/24/2018	Contact - Documents Received
02/27/2018	Application Complete/On-site Needed
02/27/2018	Inspection Completed On-site Contact- Document Received Inspection Completed On-site- Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Living Water AFC home is a newly removed ranch style home with an attached 2-car garage. The home is located in a wooded setting in a suburban area of Portage, Michigan. The home is separated by a door, with the residents occupying one side of the home. The applicant and her two minor children reside in the living space located on the other side of the home. The residents' area has a large open dining/living room area, half bathroom and heated bathroom with a walk-in shower, locked medication room, laundry room and four private resident bedrooms, each equipped with their own television. The home also has a fireplace, which the applicant and residents will not be using. On file is a written statement from the applicant verifying that the fireplace will not be used. The kitchen is located on the applicant's side of the home, as well as one full bathroom, two non-resident bedrooms, and a small open dining/living room area. The home has three means of egress, one located on the applicants' side of the home and two located on the residents' side of the home. The two means of egress located on the residents' side of the home are both wheelchair accessible.

The property is owned by Prins Rockford II, LLC. On file is a copy of the commercial property lease agreement between Prins Rockford II, LLC and the applicant. Also on file is verification that Prins Rockford II, LLC owns the property and has given the applicant permission to use the property as a licensed adult foster care family home. On file is written permission to inspect the property, as well as a copy of the articles of organization for Prins Rockford II, LLC.

An on-site inspection verified compliance with rules pertaining to environmental health. The home has a private well and a private sewage disposal system. A new well was drilled and a new septic system was installed in October 2015. On file is an Environmental Health Inspection Report by the local health authority giving the private water supply and sewage disposal system full approval.

An on-site inspection verified compliance with rules pertaining to fire safety. In November 2015 two new gas-fired furnaces, and one electric water heater were installed in the basement. There is no entrance leading into the home's main floor through the attached garage. The only entrance leading into the home's basement, is through the garage. The entrance into the basement is equipped with an approved fire door, which is installed in a substantially fully stopped steel frame with an automatic self-closing device. The home is equipped with an interconnected, hardwired smoke detection system with battery backup which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on the home's main floor, in the basement and also in the garage. On file is manufacturer's documentation from *Decorative Panels International* verifying that the prefinished hardboard decorative wall paneling materials used throughout the home are rated as *class C (or Class III)*.

The home's entire front yard, including the main entrance, is surrounded by a large wooden fence. The means of egress located towards the back of the home in the residents' living area is also surrounded by a smaller wooden fence. During an on-site inspection, both doors to each fence were propped open. The applicant understands that both doors to each wooden fence must remain unlocked at all times as to not restrict residents' freedom of movement.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' 7.5" X 7' 8"	96.79 sq. ft.	1
2	12' 7.5" X 7' 8"	96.79 sq. ft.	1
3	12' 7.5" X 7' 8"	96.79 sq. ft.	1
4	12' 7.5" X 7' 8"	96.79 sq. ft.	1

The indoor living and dining areas measure a total of 713 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 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. Due to the population to be served, the home's windows and doors are equipped with an alarm system that will sound in all areas of the home when opened. The alarms on the home's windows and doors are set to a volume where the applicant can hear them, and be alerted, even during sleeping hours. The applicant and/or responsible person will be present in the residents' living space during awake hours. During sleeping hours, the door that separates the residents' living space from the applicant's living space will remain open. The applicant and/or responsible persons will do regular bed checks during sleeping hours.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 4 male and/or female residents who are aged and/or whose diagnosis is dementia. The program will provide daily activities that will keep the residents' minds active and will incorporate music and dance. The home will offer outings to go shopping, visits to the library, out to eat, to the park, and various sightseeing tours. The applicant intends to accept referrals from larger assisted living facilities looking to place individuals in a smaller AFC setting, Kalamazoo County DHHS, Veterans Administration, local hospices and/ or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools, local museums, churches, etc. These resources provide an environment to enhance the quality of life of the residents.

C. Applicant and Responsible Person Qualifications

The applicant has over six years of experience working in the capacity as a caregiver for the aged population and/or for individuals with a diagnosis of dementia in skilled nursing care and hospice facilities.

Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

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

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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. In addition, the applicant indicate that resident medication will

be stored in a locked medication room and that daily medication logs will be maintained on each resident receiving medication.

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 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 retain all of the documents 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

D. Rules or 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 4.

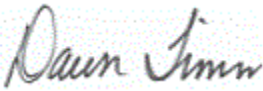


03/05/2018

Michele Streeter
Licensing Consultant

Date

Approved By:



03/05/2018

Dawn N. Timm
Area Manager

Date