



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 8, 2017

James Hoerberling
A Ewing Country Estate AFC Inc.
10686 Wacousta Road
DeWitt, MI 48820

RE: Application #: AM190391046
A Ewing Country Estate AFC, Inc.
10686 Wacousta Road
DeWitt, MI 48820

Dear Mr. Hoerberling:

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 12 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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM190391046
Applicant Name:	A Ewing Country Estate AFC Inc.
Applicant Address:	10686 Wacousta Road DeWitt, MI 48820
Applicant Telephone #:	810-922-2938
Administrator:	James Hoerberling
Licensee Designee:	James Hoerberling
Name of Facility:	A Ewing Country Estate AFC, Inc.
Facility Address:	10686 Wacousta Road DeWitt, MI 48820
Facility Telephone #:	(517) 626-6768
Application Date:	10/23/2017
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

08/01/2017	Inspection Completed-Env. Health : A See AM190336317
09/18/2017	Inspection Completed-Fire Safety : A See AM190336317
10/23/2017	Enrollment
11/14/2017	Application Incomplete Letter Sent
11/27/2017	Application Complete/On-site Needed
11/27/2017	Inspection Completed On-site
11/27/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A Ewing Country Estate AFC is a large, ranch-style facility with a finished walkout basement. The facility is located in rural DeWitt, Michigan in Clinton County which contains a quaint downtown shopping district with specialty boutiques and restaurants. DeWitt offers a wide variety of commercial enterprises from franchised restaurants, family owned businesses, service stations, financial institutions, retail shopping and a variety of medical facilities. The facility sits approximately 500 feet from the main road and a man-made pond is located approximately 150 feet from the front of the facility. There is ample parking for visitors and staff members. The back of the facility is surrounded by a split-rail fence that is decorated with clear lights that are timed to turn on during the evening hours year round. All four of the facility exits have lighting that illuminates the walkways and extends a small way into the yard. A large pole barn sits on the back of the property but is not for resident use. The facility has three deck areas that the residents can enjoy during the warmer months. The first deck is located off of the sitting room and is available to all residents to use for private family visits or gatherings. This deck is fully enclosed. The second deck is located off the dining area through a sliding glass door and is also fully enclosed. The third deck is located off the west wing of resident bedrooms. There is also a front porch located off the front entrance to the facility where residents can watch the wildlife and enjoy the pond.

The main level of the facility has ten private resident bedrooms, one semi-private resident bedroom, a large great room, sitting room for private family visits, two full bathrooms, one-half bathrooms, one employee bathroom, dining room, kitchen and laundry area. The facility has a fully finished walkout basement, however, this area will not be utilized or accessible to residents. The facility is wheelchair accessible and has two exits with ramps from the main level of the facility. One wheelchair accessible entrance/exit is located on the east end of the facility and the other is located on the south end of the facility. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes a private water and private sewage disposal systems. This facility was inspected by the Mid-Michigan Health Department on 08/01/2017 and was in substantial compliance with all applicable rules.

The facility is equipped with two gas furnaces both of which were inspected and found to be in good working condition in July 2017. One of the furnaces is located in the finished basement area and floor separation is established by a fire-rated, fully enclosed metal door located at the basement level and equipped with an automatic self-closing device and positive latching hardware. The hot water heater is located in this area as well. The second furnace is located in a crawl space accessed from outside 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. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility received an 'A' rating on 09/18/2017.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4 x 11'4	139.7	1
2	10'8 x 11'4	120.8	1
3	10'8 x 11'2	119	1
4	11'0 x 7'8	84.26	1
5	9'10 x 12'7	123.7	1
6	12'9 x 12'7	160.4	2
7	9'2 x 12'2	111.6	1
8	9'2 x 12'2	111.6	1
9	9'2 x 13'2	120.8	1
10	9'2 x 12'2	110	1
11	9'2 x 15'5	141.4	1
Sitting Room	13'0 x 16'4	212.3	0
Dining room	11'4 x 16'4	185	0
Great Area	24'0 x 16'6	396	0

The indoor living and dining areas measure a total of 793.3 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twelve 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 twelve male and/or female residents who are aged and at least 55 years old. The program will include opportunities to socialize with one another and staff members through crafts, bingo, coloring, reading, puzzles, watching television, enjoying the outdoors and outings. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept referrals from Tri-County Office on Aging MI Choice Waiver Program as well as 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 as well as bringing in books from the local library for residents. Additionally, the facility offers visiting physicians and hospice care.

C. Applicant and Administrator Qualifications

The applicant is A Ewing Country Estate AFC, Inc., a "For Profit Corporation", established in Michigan on July 26, 2012. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The President of the Board of Directors has submitted documentation appointing Mr. James Hoeberling as licensee designee and administrator for this facility.

Criminal history background checks of the applicant, licensee designee, and administrator James Hoeberling were completed and he was determined to be of good moral character to provide licensed adult foster care. The applicant, licensee designee, and administrator, James Hoeberling, submitted statements from a physician documenting his good health and current negative tuberculosis test results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative

rules. Mr. Hoeberling, licensee designee and administrator has worked with the aged population as a licensee designee and administrator for another medium group home that he owns since 2013. This facility has been in successfully run during the time that Mr. Hoeberling has been in charge of the facility and he has a clear understanding of the administrative rules and requirements.

The staffing pattern for the original license of this twelve bed facility is adequate and includes a minimum of two staff for twelve 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 one direct care staff will be awake during sleeping hours and one will be asleep.

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

Mr. Hoeberling 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, Mr. Hoeberling will administer medication to residents. In addition, Mr. Hoeberling 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. Hoeberling 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 Mr. Hoeberling acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Mr. Hoeberling acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Hoeberling 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.

Mr. Hoeberling 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.

Mr. Hoeberling 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.

Mr. Hoeberling 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.

Mr. Hoeberling 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.


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

D. Rule/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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



01/02/2018

Julie Elkins
Licensing Consultant

Date

Approved By:



01/08/2018

Dawn N. Timm
Area Manager

Date