



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 7, 2018

Amanda Easlick  
Cedar Creek Of Hastings, LLC  
2895 E M 79  
Hastings, MI 49058

RE: Application #: AM080395594  
**Cedar Creek Of Hastings**  
**2895 E M 79**  
**Hastings, MI 49058**

Dear Ms. Easlick:

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 "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM080395594
<b>Licensee Name:</b>	Cedar Creek Of Hastings, LLC
<b>Licensee Address:</b>	2895 E M 79 Hastings, MI 49058
<b>Licensee Telephone #:</b>	(517) 449-6728
<b>Administrator/Licensee Designee:</b>	Amanda Easlick
<b>Name of Facility:</b>	Cedar Creek Of Hastings
<b>Facility Address:</b>	2895 E M 79 Hastings, MI 49058
<b>Facility Telephone #:</b>	(517) 449-6728
<b>Application Date:</b>	08/01/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## II. METHODOLOGY

06/29/2018	Inspection Completed-Env. Health : A AL080380942
08/01/2018	On-Line Enrollment
08/06/2018	Contact - Document Sent Rule & Act booklets
08/07/2018	Contact - Document Received App; IRS Itr
08/10/2018	Comment No fire inspection per consultant, see AL080380942
08/15/2018	Contact - Document Received CI's for Amanda (LD & Admin) & Donald
08/15/2018	Licensing Unit file referred for background check review Donald - Self-Conf
08/15/2018	Licensing Unit received background check file from review NS and continue for Donald Easlick, household member
08/15/2018	File Transferred to Field Office Lansing
08/27/2018	Application Incomplete Letter Sent
09/05/2018	Contact - Document Sent E-mail to applicant requesting needed documents for licensure
09/07/2018	Contact - Document Received Received admission policy, budget, discharge policy, floor plans, lease, medical release and TB test results, organizational chart, permission to inspect, program statement, standard/routine procedures, and staffing pattern

09/17/2018	Contact - Document Received Received designation of licensee designee, designated person appointment, zoning approval, house rules, and articles of incorporation
09/17/2018	Inspection Completed On-site
09/17/2018	Inspection Completed-BCAL Full Compliance
10/01/2018	Inspection Completed- Fire Safety: A AL080380942

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a single –story ranch style home located in rural Hastings, MI. The facility consists of a basement and main floor. The basement is designated for living space for the applicant and is not accessible to residents. The main floor of the facility consists of a living room, dining room, kitchen, laundry area, one full bathroom, and 13 bedrooms, each with an attached half-bath. One of the 13 bedrooms is utilized as office space and the remaining 12 bedrooms are single occupancy. The home is wheelchair accessible and will accommodate full–time wheelchair users. There are two approved means of egress that are equipped with a ramp from the first floor of the facility. The facility utilizes a private water supply and a private sewage disposal system. The Barry County Health Department completed an on-site inspection on June 29, 2018 and the facility received was found to be in full compliance with administrative rules.

The facility is equipped with a gas water heater and furnace, which are located in the basement. There is a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware separating the basement and the main floor of the home.

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. There are 50 smoke detectors in the facility, which have been installed near sleeping areas, on each occupied floor of the home, in the basement, and near all heat-producing equipment. The facility is fully sprinkled and was determined by the Bureau of

Fire Services to be in compliance with the applicable fire safety administrative rules on 10/1/18.

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' 0" X 12' 3"	147	One
2	9' 10" x 11' 1"	109	One
3	9' 0" X 16' 0"	144	One
4	8' 0" X 11' 2"	89	One
5	10' 6" X 12' 9"	133	Two
6	10' 3 1/2" x 11' 1'	114	Zero, designated as office space
7	10' 9" x 13' 5"	144	One
8	9' 1 1/2" X 9' 10"	89	One
9	8' 6 1/2" X 9' 11"	85	One
10	8' 8" x 11' 6"	99	One
11	9' 3" X 11' 7"	107	One
12	9' 0" X 11' 4"	102	One
13	9' 0" X 13'	124	One

The indoor living and dining areas measure a total of 681 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 12 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 12 male and/or female residents who are aged. The program will include social interaction including game nights, holiday/birthday parties, cookouts, and live entertainers who come to the facility to perform. The applicant will facilitate the opportunity for involvement in educational or day programs or employment but does not provide transportation. The applicant intends to accept referrals from residents with private sources of pay.

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 for recreational activities including the Barry County Commission resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Cedar Creek of Hastings, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 7/23/18. 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 members of Cedar Creek of Hastings, L.L.C. have submitted documentation appointing Amanda Easlick as licensee designee and administrator for this facility.

Criminal history background checks of the applicant/administrator were completed, and Ms. Easlick was determined to be of good moral character to provide licensed adult foster care. Ms. Easlick submitted statements from a physician documenting her good health dated 9/6/18 and current negative tuberculosis test results dated 10/24/16.

Ms. Easlick provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Easlick has worked with the aged population since 2007 and has both practical, hands-on experience and formal training as an adult foster care provider. Ms. Easlick has participated in formal training through the Michigan Assisted Living Association in the topics of blood borne pathogens, CPR, first aid, dementia, resident rights, medication administration, reporting requirements, personal care, protection, and supervision, prevention and containment of communicable diseases, as well as safety and fire prevention. Ms. Easlick has been trained and has worked as a certified nurse assistant in a variety of settings including a nursing home that provided care for the aged population. Ms. Easlick has experience working as a home health aide, trauma intensive care technician, and providing in home care to a disabled relative who was quadriplegic. Ms. Easlick has served as administrator for Richardson’s AFC since 2016 and Oakview Assisted Living since 2017, ensuring that both facilities are compliant with licensing rules for group homes.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff for 12 residents per shift. Because the facility was previously licensed, 11 residents currently reside at the facility. The applicant acknowledged that the present staff to resident ratio may need to be decreased 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 not 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(s) acknowledge(s) 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](http://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 the licensee designee 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 an understanding that because the facility was previously licensed, residents are currently living in the facility and the above records are required to be completed immediately upon issuance of the new license. The current residents’ new admission date is the effective date of this new license.

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 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.

The applicant acknowledged that residents with mobility impairments may 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.



10/5/18

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Leslie Barner  
Licensing Consultant

Date

Approved By:



10/07/2018

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Dawn N. Timm  
Area Manager

Date