



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 16, 2018

Shawndra Ewing
13028 Alyssa Court
Linden, MI 48451

RE: Application #: AS250389866
Just Like Home Quality Care
1602 Waldman
Flint, MI 48507

Dear Ms. 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 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250389866

Licensee Name: Shawndra Euwing

Licensee Address: 13028 Alyssa Court
Linden, MI 48451

Licensee Telephone #: (810) 813-3780

Administrator: Precious Spencer

Name of Facility: Just Like Home Quality Care

Facility Address: 1602 Waldman
Flint, MI 48507

Facility Telephone #: (810) 813-3780
08/11/2017

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

08/11/2017	On-Line Enrollment
08/11/2017	On-Line Application Incomplete Letter Sent 1326 for applicant & Administrator, FP's & RI-030 from applicant
08/15/2017	Contact - Document Sent Rule & Act booklets
09/08/2017	File Transferred To Field Office flint
09/19/2017	Application Incomplete Letter Sent
11/14/2017	Contact - Document Received Documents received via fax.
12/04/2017	Inspection Completed On-site
12/04/2017	Inspection Completed-BCAL Sub. Compliance
12/14/2017	Application Incomplete Letter Sent
08/14/2018	Contact - Document Sent 10-day letter mailed.
09/13/2018	Contact - Telephone call received Applicant called regarding license status. Requested follow-up inspection.
09/27/2018	Inspection Completed On-site
09/28/2018	Application Incomplete Letter Sent
10/17/2018	Contact - Document Received A copy of the furnace inspection was emailed by the applicant.
11/09/2018	Contact - Document Received
11/09/2018	Application Complete/On-site Needed
11/09/2018	Inspection Completed-BCAL Full Compliance
11/14/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Just Like Home Quality Care is located at 1602 Waldman Ave., located in the city of Flint. The home is a 5-bedroom cape cod style home complete with a living room, a dining room, a kitchen, 1 ½ bathrooms located on the main level, and an additional full bathroom and open floor bedroom located upstairs. There is also an unfinished basement. The home has front and side-door wheelchair access, as well as a side patio. The home also has a 3rd exit door located on the side of the home. The property is owned by Ms. Connie McNeal, who has agreed to sell to home on Land Contract to buyers, Ms. Precious Spencer and Ms. Shawndra Ewing. Ms. McNeal has given the licensee permission to operate the AFC on the premises.

Upon entering the front door of the home, there are 3 bedrooms and a full bath located up front by the living room area of the home. Through the hallway the kitchen is located to the right. Through the kitchen is the stairwell leading to an exit door as well as the basement area of the home.

On the other side of the kitchen is a 6-person dinette located in the dining room. The side wheelchair access door is located through the dining room. There are two additional bedrooms and a ½ bath located off the dining room hall.

Entry to the upstairs level of the home is accessed through the dining room area in the rear of the home. The upstairs contains a full bathroom and an open floor room. This room will be utilized by the designated live-in staff. No residents will be allowed upstairs.

The basement is an unfinished basement accessed through the kitchen. The washer and dryer are both located in the open the basement area of the home. The boiler and hot water heater are also located together in the open floor basement. The boiler unit was inspected by the Goyette Mechanical on 10/17/18. Zone pumps were operation was good, with good supply and return. It was noted that it is operable and safe at this time. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware, is located at the top of the basement stairwell.

The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The home has a public water and sewer system provided by the City of Flint. The home was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 9	108	1
2	11 x 14	154	1
3	10 x 14	140	1
4	14 x 16	224	2
5	12 x 10	120	1

The living, dining, and sitting room areas measure a total of 540 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant is Ms. Shawndra Ewing. Ms. Ewing intends to provide 24-hour supervision, protection and personal care to residents, whose diagnosis is mentally ill, developmentally disabled, aged, Alzheimer's, Traumatic Brain Injuries and those who are physically disabled. Just Like Home Quality Care seeks to provide compassionate, competent care and services to residents to ensure their safety, welfare, and protection, specializing in the needs of each individual. The facility, founded by two Registered Nurses will assist in the development of programs that will assist residents in the areas of behavioral/emotional stability, social interaction, daily living activities, employment skills and money management skills.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan and with consultation with professionals who are licensed or certified in that scope of practice.. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

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.

C. Applicant and Administrator Qualifications

The applicant, Ms. Shawndra Euwing, 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 applicant, Ms. Euwing, has also submitted documentation appointing Ms. Precious Spencer as Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator,

and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 small group home (capacity 1-6).

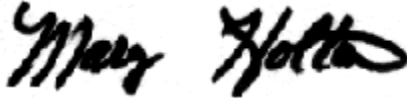


November 14, 2018

Sabrina McGowan
Licensing Consultant

Date

Approved By:



November 16, 2018

Mary E Holton
Area Manager

Date