



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 17, 2018

Tive Ewvaraye
6556 Rustic Ridge Trail
GRAND BLANC, MI 48439

RE: Application #: AS250393987
Coutant Home
1319 Coutant Street
Flushing, MI 48433

Dear Mr. Ewvaraye:

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 3 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 #: | AS250393987 |
| Licensee Name: | Tive Evwaraye |
| Licensee Address: | 6556 Rustic Ridge Trail GRAND BLANC, MI 48439 |
| Licensee Telephone #: | (313) 421-8419 |
| Administrator/Licensee Designee: | Tive Evwaraye |
| Name of Facility: | Coutant Home |
| Facility Address: | 1319 Coutant Street Flushing, MI 48433 |
| Facility Telephone #: | (313) 421-8419 |
| Application Date: | 05/07/2018 |
| Capacity: | 3 |
| Program Type: | DEVELOPMENTALLY DISABLED AGED |

II. METHODOLOGY

| | |
|------------|--|
| 05/07/2018 | On-Line Enrollment |
| 05/08/2018 | Contact - Document Sent Rule and act books |
| 06/20/2018 | Contact - Document Received 1326 & Infor request |
| 06/20/2018 | File Transferred To Field Office flint |
| 08/14/2018 | Application Incomplete Letter Sent |
| 09/17/2018 | Contact - Document Received Initial documents received. |
| 10/17/2018 | Inspection Completed On-site |
| 10/19/2018 | Application Incomplete Letter Sent |
| 11/14/2018 | Application Complete/On-site Needed |
| 11/14/2018 | Inspection Completed On-site |
| 11/14/2018 | Inspection Completed-Env. Health : A |
| 11/27/2018 | Contact - Document Received |
| 12/07/2018 | Contact - Document Received |
| 12/10/2018 | Inspection Completed-BCAL Full Compliance |
| 12/17/2018 | Recommend License Issuance |
| 12/17/2018 | PSOR on Address Completed. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Coutant Home is located at 1319 Coutant St., Flushing South, MI 48433, in Genesee County. The physical plant is a one-story structure, complete with a long covered front porch, which allows front door entrance. There are 3 bedrooms and 1 ½ bathrooms, a living room and a dining area attached to the kitchen. The kitchen has an exit door that leads to the attached garage exit. The home also has an enclosed Michigan Room located off the living room. The door for direct egress to the outside is in this room.

The office and laundry room for the home is in a room in the garage. There is a door for direct egress to the outside located in this room as well. The facility is not wheelchair accessible.

The furnace and hot water heater are located on the main level of the home in the hallway near the bedrooms. The furnace is located in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The furnace was inspected as properly installed and in serviceable condition as of 11/15/2018. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has city water and sewer services provided by the City of Flushing. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 11/14/2018.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 9'10 x 11'10 | 116 | 1 |
| 2 | 11'8 x 11'9 | 137.08 | 2 |
| 3 | 6'10 x 8'3 | 56.375 | 0 |

The living, dining, and sitting room areas measure a total of 418 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three separate and independent means of egress to the outside, including the garage. 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.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Tive Evwaraye, intends to provide 24-hour supervision, protection and personal care to 3 ambulatory residents, either male or female, whose diagnosis is developmentally disabled and aged. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Coutant home seeks to work with individuals to attain some degree of independence, in a safe, family friendly environment. The home will provide care tailored to specific medical/personal needs, as well as respite care services.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian and the responsible agency.

Coutant Home will ensure that the resident's transportation for program and medical needs are met. Coutant Home will provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, the facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. 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 is Mr. Tive Evwaraye. Mr. Evwaraye 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.

Mr. Evwaraye is the licensee designee/administrator designated for the 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 his good health and current TB-test negative results.

The licensee designee/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 3-bed facility is adequate and includes a minimum of 1-staff-to-3 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 1-3).

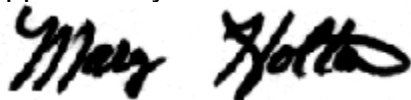


December 17, 2018

Sabrina McGowan
Licensing Consultant

Date

Approved By:



December 17, 2018

Mary E Holton
Area Manager

Date