



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 5, 2023

Blake Ewing  
A Home Away From Home, LLC  
4024 Casey Key Road  
Nokomis, FL 34275

RE: License #: AS230396089  
**A Home Away From Home**  
**3121 Grand Ledge Highway**  
**Grand Ledge, MI 48837**

Dear Mr. Ewing:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS230396089

**Licensee Name:** A Home Away From Home, LLC

**Licensee Address:** 4024 Casey Key Road  
Nokomis, FL 34275

**Licensee Telephone #:** (517) 582-1472

**Licensee/Licensee Designee:** Blake Ewing, Designee

**Administrator:** Elena Ramirez

**Name of Facility:** A Home Away From Home

**Facility Address:** 3121 Grand Ledge Highway  
Grand Ledge, MI 48837

**Facility Telephone #:** (517) 925-1777

**Original Issuance Date:** 10/07/2018

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/05/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 3/21/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. The facility direct care staff do not manage cash funds for any of the current residents.
- Meal preparation / service observed? Yes  No  If no, explain. The inspection occurred after the noon meal was served.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A


### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



04/05/2023

Jana Lipps  
Licensing Consultant

Date