



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 4, 2023

Timothy Ewing
22 Burnham St. W
Battle Creek, MI 49015

RE: License #: AF130404087
Eclipse Home
22 Burnham St. W
Battle Creek, MI 49015

Dear Mr. Ewing:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. **To verify your implementation and compliance with this corrective action plan, you are to submit verification of completion of the required corrections below.**

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this Adult Foster Care family home license, capacity of four. 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) 284-9730.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License#: AF130404087

Licensee Name: Timothy Ewing

Licensee Address: 22 Burnham St. W
Battle Creek, MI 49015

Licensee Telephone #: (269) 234-8126

Licensee/Licensee Designee: Timothy Ewing

Administrator: N/A

Name of Facility: Eclipse Home

Facility Address: 22 Burnham St. W
Battle Creek, MI 49015

Facility Telephone #: (269) 234-8126

Original Issuance Date: 02/18/2021

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/02/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- 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.
- Meal preparation / service observed? Yes No If no, explain.
No meals were served during the on-site inspection.
- 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:
CAP on 08/02/2023 405(2), 405(3) 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 found to be in non-compliance with the following rules:

R 400.1405 **Health of a licensee, responsible person, and member of the household.**

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

At the time of the onsite inspection, licensee Timothy Ewing and responsible person Theresa McClain did not have updated health care reviews. In accordance with AFC licensing rules, health care reviews for licensee and responsible person must be updated annually.

R 400.1405 **Health of a licensee, responsible person, and member of the household.**

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

At the time of the onsite inspection, licensee Timothy Ewing and responsible person Theresa McClain did not have updated testing for communicable tuberculosis. In accordance with AFC licensing rules, verification of communicable tuberculosis testing must be updated every three years.

A corrective action plan was requested and approved on 08/02/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable written corrective action plan has been received. Renewal of the license is recommended.

Kevin L Sellers

08/04/2023

Kevin Sellers
Licensing Consultant

Date