



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 2, 2009

Margaret Eitniew
5760 Hudson Rd.
Osseo, MI 49266

RE: Application #: AF300296275
Eitniew AFC
5760 Hudson Rd.
Osseo, MI 49266

Dear Ms. Eitniew:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 264-6326

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF300296275

Applicant Name: Margaret Eitniewar

Applicant Address: 5760 Hudson Rd.
Osseo, MI 49266

Applicant Telephone #: (517) 523-4031

Administrator/Licensee Designee: N/A

Name of Facility: Eitniewar AFC

Facility Address: 5760 Hudson Rd.
Osseo, MI 49266

Facility Telephone #: (517) 523-4031

Application Date: 05/19/2008

Capacity: 3

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

II. METHODOLOGY

05/19/2008	Enrollment
06/19/2008	Inspection Completed-Environmental Health : A
06/30/2008	Contact - Document Received replacement fee of \$65
07/14/2008	Application Incomplete Letter Sent
01/29/2009	Application Complete/On-site Needed
01/29/2009	Inspection Completed On-site
02/02/2009	Inspection Completed-BFS Sub. Compliance
02/26/2009	Inspection Completed On-site Follow-up inspection conducted.
03/02/2009	Inspection Completed-BFS Full Compliance

This investigation included a review of the application forms and supporting documents including the program statement, house rules, emergency evacuation plan, routine and emergency numbers, processed licensing record and medical clearance, and on-site licensing inspections.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This home is located on 5.5 acres in Jefferson Township in a rural setting on a paved road. The home is fairly new, having been built in 2002. The home is a single story ranch design with no basement. The home is not wheelchair accessible.

Access to the home is made by a blacktop driveway with ample parking. There is a separate garage immediately off to the west side of the home. The primary access to the home is on the west side where there is a small wooden porch area. Immediately upon entering the home is the laundry area, which also houses a gas fired hot water heater. Through the laundry room is a dining area; to the left are two resident bedrooms and a full bathroom. Through the dining room is the kitchen and large secondary dining area and living room with the licensee's bedroom and attached full bathroom. The gas fueled forced air furnace is located immediately outside the licensee's bedroom. The second exit is located immediately off the second dining area.

The resident bedroom locations and dimensions are as follows:

West Bedroom: 12' 7" x 11' 4" = 143 Square Feet (2 residents)

East Bedroom: 10'4 x 12'7" =116 Square Feet, (subtracted 14 square feet for built in closet, 1 resident)

The living room/second dining room area measures 26' x 17' for 442 square feet which exceeds the minimum requirement for activity space for 5 individuals.

The facility is air conditioned by a central air conditioning unit located outside of the home. The home is not wheelchair accessible and therefore, individuals requiring the use of wheelchairs will not be admitted.

2. Sanitation:

The home has a private water and sewer system; these systems were inspected by the Hillsdale Public Health system and approved.

Garbage service is provided by a private vendor and is picked up once a week.

3. Fire Safety:

The home has a gas fired forced air furnace which was recently inspected and stated in writing that it is in good operating condition. The hot water heater and clothes dryer are located in the laundry room.

The home has a hard-wired interconnected smoke detector system. Also, the applicant has placed a battery operated smoke detector in the laundry room.

B. Program Description

1. Administrative Structure & Capability:

Margaret Eitniear is the sole applicant for the license. Ms. Eitniear and her husband, James, will be the primary providers of service to the residents. There are no children or any other adult member of household residing in the home.

Record clearances have been conducted and approved.

2. Qualifications and Competencies:

Ms. Eitniear and Mr. Eitniear were determined by a licensed physician to be in good physical and mental condition for contact with dependent adults. Copies of their licensing medical clearances and TB tests are contained in the licensing record.

Ms. Eitniear will train the responsible person(s) regarding the care requirements of the residents of the home. Ms. Eitniear has years of work experience as a direct service worker in a large adult foster care home.

The application and supporting documentation have been reviewed and found to be in substantial compliance.

3. Program Information:

The applicant will provide 24-hour supervision, protection, and personal care to 3 ambulatory residents. These residents may have a diagnosis of mental illness, developmental disability, aged, physical handicap, or traumatic brain injured. Specific services to be provided will be outlined in the resident assessment and resident care agreement. The applicant may accept residents who are receiving Supplemental Security Income (SSI) or who are able to pay privately.

Medications will be stored in a locked container and will be administered by Ms. Eitniear or her responsible person.

Emergency medical response will be provided by the Pittsford Ambulance service.

4. Facility and Employee Records:

Public Act 218 and the Foster Family Home Rulebook were reviewed with Ms. Eitniear. Also, the required documentation forms to make up a resident record for an adult foster family home were reviewed with Ms. Eitniear. Copies of these forms were made available to Ms. Eitniear as well as a review in how to acquire additional forms via the department's website.

Employee record documentation was reviewed with Ms. Eitniear, including the process and forms required for obtaining record clearances to any paid responsible person via the requirements as contained within Public Act 29.

The responsible person for the home is James Eitniear. Ms. Eitniear was questioned regarding having her husband in this role; however, Ms. Eitniear did not have any concern as she did not envision any emergency requiring both of them to be away from the home at the same time.

5. Resident Rights:

Resident Rights were reviewed with Ms. Eitniear and this information will be supplied to individuals being referred for admission.

6. Conclusion:

Compliance with physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 3 residents).

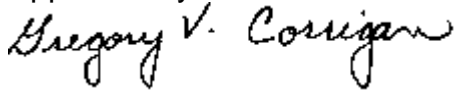


3/2/09

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



03/02/2009

Gregory V. Corrigan
Area Manager

Date