



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

July 27, 2011

JJS AFC LLC
1145 Ester Lane
Milford, MI 48380

RE: Application #: AL250304175
JJS AFC LLC
3017 Fenton
Flint, MI 48507

Dear Mr. Cheff:

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 15 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 (248) 975-5053.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 110
1388 W. Bristol Rd.
Flint, MI 48507
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250304175
Applicant Name:	JJS AFC LLC
Applicant Address:	1145 Ester Lane Milford, MI 48380
Applicant Telephone #:	(248) 714-5929
Licensee Designee:	Joshua Cheff
Name of Facility:	JJS AFC LLC
Facility Address:	3017 Fenton Flint, MI 48507
Facility Telephone #:	(248) 714-5929
Application Date:	07/10/2009
Capacity:	15
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/10/2009	Enrollment
07/16/2009	Application Incomplete Letter Sent
08/18/2009	Inspection Report Requested - Fire
08/18/2009	Inspection Report Requested - Health invoice 1016214
08/26/2009	Application Incomplete Letter Sent 10-day letter.
09/23/2009	Inspection Completed-Env. Health: A
07/12/2010	Comment email from BFS .
07/15/2010	Contact - Telephone call made to Mr. Cheff.
12/29/2011	Inspection Completed- Env. Health: A
04/19/2011	Inspection Completed-Fire Safety: A
05/01/2011	Application Complete/On-site Needed
05/05/2011	Inspection Completed On-site
05/05/2011	Exit Conference
07/25/2011	Inspection completed On- site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located within the city limits of Flint, Michigan. This facility is a two story structure and has been licensed as an adult foster care facility prior to the current applicant but is not currently licensed. This facility is located in a residential area on the south side of Flint, MI and is within walking distance of several businesses and services.

The boiler and hot water heaters are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup,

which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Location	Dimensions	Square Footage	Capacity
1 st floor- Bedroom 1	12' x 12'	144 sq. ft.	2
1 st floor- Bedroom 2	11.5' x 8'	92 sq. ft.	1
1 st floor- Bedroom 3	11' x 10'	110 sq. ft.	1
1 st floor- Bedroom 4	9'8" x 9'5"	93 sq. ft.	1
2nd floor bedrooms			
Bedroom 5	17'10" x 12'5"	213 sq. ft.	2
Alcove in Bedroom 5	12'3" x 8'	98 sq. ft.	0
Bedroom 6	14' x 12'8"	180 sq. ft.	2
Alcove in bedroom 6	12'10" x 8'	96 sq. ft.	0
Bedroom 7	12'7" x 15'	190 sq. ft.	2
Bedroom 8	22' x 15'10"	332 sq. ft.	2
Bedroom 9	19'9" x 15'4"	306 sq. ft.	2
Total Capacity = 15 residents			

The living, dining, and sitting room areas measure a total of 750 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 15 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The roof of this facility was in need of repair when originally inspected on 5/5/11. The roof was repaired and the shingles replaced when inspected on 7/25/11. There are no other repairs to be addressed at this time.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, physically handicapped and traumatic brain injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

The licensee will provide all transportation for program and medical needs. 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.

C. Applicant and Administrator Qualifications

The applicant is JJS AFC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 8/5/09. The applicant 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 Board of Directors of JJS AFC, L.L.C. has submitted documentation appointing Joshua Cheff as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no criminal convictions recorded for Mr. Cheff. Mr. Cheff submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Cheff 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 15-bed facility is adequate and includes a minimum of 2 staff to 15 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 at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



7/27/2011

Kent W Gieselman
Licensing Consultant

Date

Approved By:



7/27/2011

Denise Y. Nunn
Area Manager

Date