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GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 23, 2012

Jeremiah Cheff
Harmony Manor LLC
PO Box 95
Atlas, MI 48411

RE: Application #: AS250314310
Harmony Manor/Avon
823 Avon Street
Flint, MI 48503

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 6 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 (810) 787-7031.

Sincerely,

Crecendra Brown, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250314310

Applicant Name: Harmony Manor LLC

Applicant Address: PO Box 95
Atlas, MI 48411

Applicant Telephone #: (810) 232-0832

Administrator/Licensee Designee: Jeremiah Cheff, Designee
Nicolette Cheff, Administrator

Name of Facility: Harmony Manor/Avon

Facility Address: 823 Avon Street
Flint, MI 48503

Facility Telephone #: (810) 232-0832

Application Date: 07/07/2011

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/07/2011	Enrollment
07/26/2011	Application Incomplete Letter Sent
06/01/2012	Inspection Completed On-site
06/23/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Harmony Manor/ Avon is a colonial style home located at 823 Avon Street, Flint, MI. The home sits at a dead end section of Avon Street, which can be accessed off of Court Street.

The first floor of the home is made up of a large living room, dining area room, a country style kitchen, an office area to the rear of the kitchen, a bedroom and a full size bathroom. The first floor has a bedroom that also has its own full bathroom. The second floor has a sitting room at the top of the stairs, three additional bedrooms and a full bathroom. The furnace and hot water heater are located in the basement as are the laundry facilities.

The facility has public water and sewer system. The facility is also connected to the municipal water supply.

The bedroom measurements are as follows:

BEDROOM	DIMENSIONS	Square Footage	Occupancy
1 st Floor	16'3" x 16'9"	272	2
2nd Floor			
Southwest Bedroom	12'8" x 9'2" + 28 sq. ft.	143	1
Northeast Bedroom	10'6" x 8' + 31 sq. ft.	115	1
Front Center	17'8" x 12'	212	2
		TOTAL	6

The home has a living room/dining area that measures 25' 6" X 11' 3". This provides 287 square feet of living area. This amount meets the requirements of the rule. There is an additional sitting room upstairs that measures 16' x 8' or 128 sq. feet. The living area is large enough to accommodate 6 residents as proposed on the application. The dining area can accommodate all the residents of the home.

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 home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. 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 home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home 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 400.1502, R 400.14503, and R 400.14504. The home has a fully integrated hard wired smoke detection system with battery back-up.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This home is not wheelchair accessible.

B. Program Description

The applicant, Harmony Manor LLC, submitted a copy of the required documentation to the consultant. 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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.

Harmony Manor LLC will ensure that the resident's transportation and medical needs are met. Harmony Manor LLC has transportation available for residents to access community-based resources and services. 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.

B. Rule/Statutory Violations

On July 20, 2011, Harmony Manor LLC submitted an application to provide foster care services to six adults at 823 Avon Street, Flint, Michigan.

The applicant, Harmony Manor LLC, which is a “Michigan Domestic Limited Liability Company”, was established in Michigan, on 09/30/2005. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Harmony Manor LLC submitted a written statement naming Jeremiah Cheff as the licensee designee and Nicolette Cheff as the facility administrator. Jeremiah and Nicolette Cheff submitted a licensing record clearance request that was completed with no LEIN convictions recorded. They also submitted a medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Mr. and Mrs. Cheff 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 6-bed facility is adequate and includes a minimum of two staff to six 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 2 to 6 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 and 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 small group home (capacity 1-6).

Crecendra Brown

June 23, 2012

Crecendra Brown
Licensing Consultant

Date

Approved By:

Mary Holton

6/25/12

Mary E Holton
Area Manager

Date