



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 31, 2013

James Wilson
Jwilson4144 Holdings Inc.
8345 Jaclyn Ann Drive
Flushing, MI 48433

RE: Application #: AM250339356
B.R.A.G.
1376 E Hurd Road
Clio, MI 48420

Dear Mr. Wilson:

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 12 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM250339356

Applicant Name: Jwilson4144 Holdings Inc.

Applicant Address: 8345 Jaclyn Ann Drive
Flushing, MI 48433

Applicant Telephone #: (810) 391-6008

Licensee Designee: James Wilson

Administrator: James Wilson

Name of Facility: B.R.A.G.

Facility Address: 1376 E Hurd Road
Clio, MI 48420

Facility Telephone #: (810) 670-0408

Application Date: 04/05/2013

Capacity: 12

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

II. METHODOLOGY

04/05/2013	Enrollment
04/09/2013	Lic. Unit file referred for criminal history review FP James Wilson, Designee & admin.
05/08/2013	Application Incomplete Letter Sent
08/01/2013	Application Complete/On-site Needed
08/01/2013	Inspection Completed-Fire Safety : A
08/19/2013	Inspection Completed On-site
08/19/2013	Inspection Completed-BCAL Full Compliance
08/19/2013	Exit Conference
08/21/2013	Inspection Report Requested - Health
10/23/2013	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story building located in a rural area east of the City of Clio, Michigan.

The furnaces and hot water heaters are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The basement is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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
Bedroom 1	13'X14'	182 sq. ft.	1
Bedroom 2	11'6"X11'6"	135 sq. ft.	1
Bedroom 3	17'X10'	170 sq. ft.	1
Bedroom 4	17' X 10'	170 sq. ft.	1
Bedroom 5	15' X 13'	195 sq. ft.	1

Bedroom 6	13'X13'	169 sq. ft.	1
Bedroom 7	11'X11"	121 sq. ft.	1
Bedroom 8	14'X12'	168 sq. ft.	1
Bedroom 9	11'X10'	110 sq. ft.	1
Bedroom 10	12'X10'	120 sq. ft.	1
Bedroom 11	12'X11'	132 sq. ft.	1
Bedroom 12	12'X10'	120 sq. ft.	1
Total Capacity = 12 residents			

The living room of this facility measures 925 sq. ft. The dining room measures 323 sq. feet and there are three (3) full bathrooms and an additional half bathroom located on the main level of this facility. This facility is also equipped with a full kitchen, staff office area, and adequate laundry area for 12 residents. This facility is equipped with a ramp for wheel chair accessibility.

Based on the above information, it is concluded that this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 12 male or female adults age 18 to 90 whose diagnosis is developmentally disabled, mentally ill, aged, traumatic brain injury or physically handicapped, 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 Jwilson4144 holdings Inc. 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 Jwilson4144 holdings Inc. has submitted documentation appointing James Wilson as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/ administrator 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 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 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.

VI. RECOMMENDATION

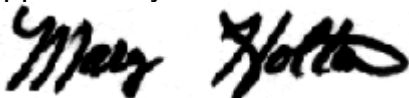
I recommend issuance of a temporary license to this adult foster care medium group home with a capacity of 12 residents.



Kent W Gieselman
Licensing Consultant

10/31/13
Date

Approved By:



Mary E Holton
Area Manager

11/01/13
Date