



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

April 20, 2015

Saramani Jayaraman  
Sylva Villas, L.L.C.  
680 Larkspur Pl  
St. Joseph, MI 49085

RE: Application #: AM110369574  
Ammu's  
124 Elm Street  
Niles, MI 49120

Dear Mrs. Jayaraman:

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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Karen Hodge".

Karen Hodge, Licensing Consultant  
Bureau of Children and Adult Licensing  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM110369574

**Applicant Name:** Sylva Villas, L.L.C.

**Applicant Address:** 680 Larkspur Pl  
St. Joseph, MI 49085

**Applicant Telephone #:** (269) 281-0428

**Administrator/Licensee Designee:** Saramani Jayaraman, Designee

**Name of Facility:** Ammu's

**Facility Address:** 124 Elm Street  
Niles, MI 49120

**Facility Telephone #:** (269) 876-7212

**Application Date:** 11/20/2014

**Capacity:** 12

**Program Type:** AGED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

11/20/2014	Enrollment
12/02/2014	Inspection Report Requested - Health Inv. #1023743
12/02/2014	Contact - Document Sent Rules & Act booklets
12/02/2014	Application Incomplete Letter Sent Rec cl for Mohan
01/05/2015	Inspection Completed-Environmental Health : A
01/26/2015	Inspection Completed-Fire Safety : A
02/03/2015	Contact - Document Received Rec cl for Saramani J, LD.
02/03/2015	Lic. Unit file referred for criminal history review 1326 for Saramani Jayaraman
02/03/2015	Application Complete/On-site Needed
03/10/2015	On-site inspection completed
04/20/2015	Temporary License Issued

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Ammu's is a large brick and concrete two story home in the city of Niles. It is located in a residential area, within walking distance of local shops, restaurants, and businesses. There is also a hospital within close proximity and an outdoor area with a walking and biking path, park and river access. The home is wheelchair accessible on the main level as there are two ramps, one at each approved exit on the east side of the home, leading to a level, solid surface (cement and asphalt).

Residents will occupy both floors of the home. Each floor has 4 bedrooms for resident use, each with a full bathroom and walk-in closets. Each bedroom is large enough to accommodate 2 residents and the licensee will arrange rooms appropriate to resident needs without exceeding the licensed capacity. Both floors have large recreation/living rooms for resident use. There is a large, fully equipped kitchen on the main level with a dining area large enough to accommodate all residents at the same time. The home has an upstairs apartment for live-in staff which contains two bedrooms and a bathroom.

The applicant is leasing the home with option to buy. Proof of ownership, the lease agreement and written permission from the owner to use this facility for Adult Foster Care is on file. There is a letter on file from the City of Niles Planning Commission giving a special use permit to the applicant to operate an AFC business for 7 to 12 residents at this address.

The home has municipal water and sewer. The Berrien County Health Department has verified substantial compliance with rules pertaining to environmental health.

The Office of Fire Safety has given full approval of this facility. There is an inter-connected smoke alarm system with battery backup powered by the home's electrical system and a fire suppression system via sprinklers throughout the home. There are two staircases leading to the lower level which contain two natural gas water heaters (one at each end) the laundry room with washer and dryer and three natural gas, forced-air furnaces. Both doors have a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. There are two approved, separate and independent means of egress from each level of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16' X 12'	192	2
2	16' X 11'7"	185	2
3	15'7" X 12'	187	2
4	15'7" X 11'7"	180	2
5	15'8" X 11'9"	184	2
6	15'8" X 12'	188	2
7	16'X11.7"	185	2
8	16' X 11'8"	186	2

The main level living and dining rooms measure a total of 576 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. There is an additional 576 square feet of living area available in the basement, which is finished and available for resident use. There are two approved fire exits directly to the outside in addition to two staircases to the upper level of the home. There is also a slider to the outside which is at ground level.

Based on the above information, it is concluded that this facility can accommodate twelve (**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 twelve (12) male or female adults whose are aged, developmentally disabled or mentally ill, or physically impaired in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Berrien and Cass County-DHS, Berrien and Cass County CMH, or private pay individuals as a referral source. The applicant has applied for special certification status and intends to accept individuals under contract with Riverwood Mental Health Authority. The facility has been operated by Mrs. Jayaraman under an individual license with Special Certification status since 2008.

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 and other activities as available and appropriate for the individual.

## **C. Applicant and Administrator Qualifications**

The applicant is Sylva Villas, L.L.C., which is a "Domestic Limited Liability Company", which was established in Michigan on 02/18/2014. 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. Mr. and Mrs. Jayaraman, who own Sylva Villas, L.L.C., have owned and operated several small and medium group homes since 1995. The home is under a lease agreement between Bharath L.L.C and Sylva Villas, L.L.C.

The members of Sylva Villas, L.L.C. have submitted documentation appointing Sara Jayaraman as Licensee Designee for this facility and Mohan Jayaraman as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee and administrator have submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results. The licensee and 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 twelve-bed facility is adequate and includes a minimum of one-staff-to-twelve residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours. The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

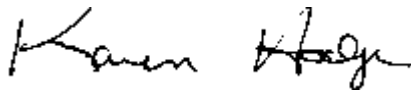
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

**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 six-month temporary license to this adult foster care (small or large) group home (capacity 12).



04/20/2015

Karen Hodge  
Licensing Consultant

Date

Approved By:



04/20/2015

Jerry Hendrick  
Area Manager

Date