



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 12, 2013

Ira Combs, Jr.  
Christ Centered Homes, Inc.  
327 West Monroe Street  
Jackson, MI 49202

RE: Application #: AS380338047  
Herkimer-Hayes  
1612 Herkimer  
Jackson, MI 49203

Dear Mr. Combs, Jr.:

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 (517) 241-2585.

Sincerely,

Cindy Adams, Licensing Consultant  
Bureau of Children and Adult Licensing  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 899-5600

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS380338047

**Applicant Name:** Christ Centered Homes, Inc.

**Applicant Address:** 327 West Monroe Street  
Jackson, MI 49202

**Applicant Telephone #:** (517) 788-9231

**Administrator/Licensee Designee:** Ira Combs, Jr.

**Name of Facility:** Herkimer-Hayes

**Facility Address:** 1612 Herkimer  
Jackson, MI 49203

**Facility Telephone #:** (517) 788-9231

**Application Date:** 12/20/2012

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

12/20/2012	Enrollment
01/03/2013	Contact - Document Sent Rules & Act booklets
01/03/2013	Application Incomplete Letter Sent Received clearance & Fingerprints for Ira Combs Jr.
01/17/2013	Contact - Document Received Received clearance for Ira Combs Jr.
01/18/2013	Application Complete/On-site Needed
01/29/2013	Inspection Completed On-site
02/11/2013	Inspection Completed On-site
02/20/2013	Inspection Completed On-site
02/20/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story home located on a paved street in a residential neighborhood in Summit Township in the City of Jackson. The residents' living area is located on the main floor of the facility and consists of two living areas, a dining area, four bedrooms, one full bath and two half baths. One of the half baths is located inside a resident's bedroom at the back of the facility. The second floor of the facility contains four bedrooms, two bathrooms and a living area. The second floor will be used for staff meetings and/or staff trainings and will not be utilized by any residents. The facility is entered from the front of the house via two entrances located near each end of the home. The facility has a paved, circular driveway off of which is a paved driveway that leads to a guest house located at the rear of the property. The guest house has no physical connection to the facility and will not be used by any of the residents. The facility is wheelchair accessible at both entrances and both are approved means of egress that are equipped with a ramp from the first floor. The kitchen is located at the west entrance of the home and leads to the primary living areas for the residents. Off of the kitchen is the 1<sup>st</sup> living area followed by the dining area and the 2<sup>nd</sup> living area. Off the 1<sup>st</sup> living area is a stairway that leads to the second floor of the home that is separated by a locked door. Off the 2<sup>nd</sup> living area is a hallway that leads to a dining area, a small living area and an enclosed glass greenhouse with an exit to the rear of the facility. This section of the home will not be utilized by any residents. There is another exit to the rear of the facility that is located off the 2<sup>nd</sup> living area but to the east of the home. The facility has a fireplace in the 1<sup>st</sup> living area of the home. The applicant

has attested in writing that the fireplace will not be utilized. The facility utilizes a public water and sewage disposal system.

Off the kitchen to the west is a hallway to the facility's three-car garage. Three forced air, natural gas furnaces are located in the garage and are equipped with an approved fire rated door with an automatic self-closing device and positive latching hardware. Off the garage is located the facility laundry room and stairway to the second floor of the facility. The hot water heater and clothes dryer are located in the laundry room.

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 functional. The smoke detectors are located as required throughout the facility on each occupied level.

The facility has an in-ground swimming pool that is completely covered and located at the east of the property. The pool is accessible through a wood privacy fence from the exterior of the facility and will not be utilized by the residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	15'9" x 16'	252 sq. feet	2
Bedroom #2	15' x 14'8"	220 sq. feet	2
Bedroom #3	14'2" x 14'6"	205 sq. feet	1
Bedroom #4	15'4" x 14'3"	219 sq. feet	1

The indoor living area measures a total of 702 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six residents aged 18 years of age or older who are developmentally disabled and/or mentally ill. The program will include training to develop personal hygiene skills and personal adjustment. The applicant intends to accept referrals from LifeWays, the public mental health management organization for Jackson and Hillsdale Counties. The applicant intends to make application requesting to become a specialized residential service provider which will be under contract with LifeWays.

If needed by residents, behavioral interventions and specialized interventions will be identified in the assessment plans. These interventions will only be implemented by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including churches and shopping centers. These resources provide an environment to enhance the quality of life of residents.

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

The applicant is Christ Centered Homes Inc., a Michigan Nonprofit Corporation, having been formally incorporated in June of 1989 and is located at 327 Monroe Street, Jackson, MI. All required corporate documentation has been provided and reviewed. 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 Christ Centered Homes Inc. has submitted documentation appointing Bishop Ira Combs Jr. as the licensee designee and as the administrator for this facility. The corporation receives funding through its contracts with local mental health boards. A copy of the contract between LifeWays and Christ Centered Homes, Inc. has been reviewed and placed in the licensing record.

A criminal history background check of Bishop Ira Combs Jr. was completed and he is determined to be of good moral character to provide licensed adult foster care. Bishop Combs submitted a statement from a physician documenting his good health and current negative tuberculosis test result.

Bishop Ira Combs Jr. provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Bishop Combs is credentialed as a licensee designee and administrator through his involvement with the other 12 licensed adult foster care facilities of the corporation. Bishop Combs has a bachelor's degree and 20 years of experience working with developmentally disabled and mentally ill adults in foster care.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during resident sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal background checks of employees and contractors who have regular ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to maintain all required documentation in each employee’s record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment plan, 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 acknowledged the 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 file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



3/12/2013

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Cindy Adams  
Licensing Consultant

Date

Approved By:



3/12/13

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Betsy Montgomery  
Area Manager

Date