



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 9, 2016

Iemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071

RE: Application #: AF630380168
Genesis Adult Foster Care Home
1635 Millard Avenue
Madison Heights, MI 48071

Dear Ms. Julian:

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 five (5) 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 (248) 975-5053.

Sincerely,

Felicia Townsend

Felicia Townsend, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4298

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF630380168

Applicant Name: Iemelif Julian

Applicant Address: 1635 Millard Avenue
Madison Heights, MI 48071

Applicant Telephone #: (248) 635-7685

Administrator/Licensee Designee: Iemelif Julian

Name of Facility: Genesis Adult Foster Care Home

Facility Address: 1635 Millard Avenue
Madison Heights, MI 48071

Facility Telephone #: (248) 635-7685

Application Date: 10/07/2015

Capacity: 5

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/07/2015	Enrollment
10/28/2015	PSOR on Address Completed
10/28/2015	Application Incomplete Letter Sent Fingerprinting & 1326/Iemelif, 1326's/Robert & Edgardo.
10/28/2015	Contact - Document Sent Act & Rules.
11/19/2015	Application Complete/On-site Needed
11/19/2015	File Transferred To Field Office Pontiac.
11/23/2015	Contact - Document Received Licensing file received from Central office
03/14/2016	Application Incomplete Letter Sent
05/17/2016	Inspection Completed On-site
05/17/2016	Inspection Completed-BCAL Sub. Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Genesis Adult Foster Care Home is a ranch with an attached garage located in Madison Heights, Michigan, in Oakland County. The home has a living room, five bedrooms, one (1) full bath and one (1) half bath, and kitchen.

The home has public water and sewerage. The water temperature was tested and found to be in compliance with rule R400.14401 (2). The home has a gas forced air furnace located on the lower level which is enclosed with a fire safety rated door.

The home square footage measures 1316. The home has a gas forced air system. Bedroom areas were measured at the time of inspection and were found to be of the following dimension and accommodation capacity:

BEDROOM/LOCATION DIMENSION SQ. FT. CAPACITY

Family Bedroom (Licensee)
Bedroom #1 11'10" x 9'10" = (1)
Bedroom #2 13' x 12'7" = (2)
Bedroom #3 9' x 11'5" = (1)
Bedroom #4 15'9" x 8'11" = (1)
Total Capacity 5

Based upon the above information, it is concluded that this facility has the square footage necessary to accommodate five residents (5), as requested in the application.

At the time of final inspection, the facility was found to be in substantial compliance with departmental requirements relating to physical plant.

At the time of final inspection it was noted that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Program Description

On 11/23/2015, this department received a license application from Lemelif Julian to operate an Adult Foster Care Family Home at the above referenced address in Madison Heights, MI. The population she wishes to serve is aged, Alzheimer's, physically handicapped and wheelchair accessible.

At the time of final inspection, it remains Ms. Julian's intent to assure primary responsibility for the provision of adult foster care and the maintenance of all facility records.

Medical and Record Clearance documents submitted for Mr. and Ms. Julian indicate that they are in good physical and mental health and have no limitations for work with or around adult foster care residents and have good moral character. Negative tuberculin test results have also been submitted for Mr. and Ms. Julian.

Ms. Julian identified Edgardo Ibarra as the responsible person, in the event she will be away from the home for longer than 48 hours.

The following is a report of findings of the pre-licensing evaluation for Genesis Adult Foster Care Home. This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the administrative rules governing operation of Adult Foster Care Family Homes, with an approved capacity of one to five residents, licensed or proposed after March 27, 1980.

This evaluation consisted of:

1. Fire safety evaluation and approval, by the assigned consultant on 05/18/2016.
2. On-site inspections by the assigned consultant on 05/18/2016.
3. Review of application materials submitted.
4. Review of environmental sanitation requirements by the assigned consultant.

Based upon the above information and the proposed accommodation of (7) seven occupants, (Ms. Julian, her husband and five residents) the home meets the required available indoor living area per occupant. The house is therefore determined to be in compliance with the requirements of Rule 27 (1).

Rule 32 (1) as used in this rule “usable floor space” means floor space that is under a ceiling which is not less than 6 feet 6 inches in height, excluding closets and space under a portable wardrobe.

Environmental Sanitation

Genesis Adult Foster Care Home utilizes public water supply and sewage disposal system. At the time of final inspection, kitchen and bathroom areas were noted to be clean and well maintained. The bathrooms were equipped with non-skid surfacing and handrails. The kitchen waste receptacle was also noted to be equipped with a close fitting cover. All garbage and rubbish will be kept in leak-proof, nonabsorbent containers and will be removed from the facility at least weekly and more often if necessary.

At the time of final inspection, the facility was determined to be in compliance with departmental requirements relating to sanitation.

Fire Safety

At the time of inspection, the home was found to be equipped with all required smoke detection units and one five-pound fire extinguisher. All interior materials are at least a Class C standard.

An evacuation plan and written procedures to be followed in case of fire, medical and severe emergency will be posted as required. Ms. Julian indicated it is their intent to conduct a minimum of four fire drills per year, with two of the required drills being conducted during sleeping hours. A record of fire drills conducted will be kept in the home.

At the time of final inspection, the home was found to be in compliance with all departmental requirements relating to fire safety.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-5).

Felicia Townsend

07/21/2016

Felicia Townsend
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

08/09/2016

Denise Y. Nunn
Area Manager

Date