



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 8, 2016

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

RE: Application #: AM110383672
Sylva Villas 2
38934 George Avenue
Berrien Springs, MI 49103

Dear Ms. 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM110383672

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

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

Applicant Telephone #: (269) 281-0428

Licensee Designee: Saramani Jayaraman

Administrator: Mohan Jayaraman

Name of Facility: Sylva Villas 2

Facility Address: 38934 George Avenue
Berrien Springs, MI 49103

Facility Telephone #: (269) 487-6916

Application Date: 07/01/2016

Capacity: 12

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/01/2016	Enrollment
07/07/2016	Lic. Unit file referred for background check review
07/07/2016	Comment Fire Inspections ok per consultant; see AM110016206
07/07/2016	Contact - Document Sent Rules & Act booklets
07/07/2016	Application Incomplete Letter Sent
07/16/2016	Application Complete/On-site Needed
07/20/2016	Inspection Completed-Fire Safety : A
08/16/2016	Inspection Completed On-site
08/16/2016	Inspection Completed-BCAL Full Compliance
10/18/2016	Inspection Completed-Health Department: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sylva Villas II is a wood-frame, ranch-style home in the village of Berrien Springs, Oronoko Township. The home is within walking distance of businesses and public spaces including the library, stores, restaurants, and parks. The home has seven bedrooms, to accommodate twelve residents; one for triple occupancy, three for double occupancy, and three for single occupancy. The village has given zoning approval for twelve residents. There is a large living room, a dining room, and a combined living/dining room that meet the requirements for living space for twelve residents. There are three bathrooms for resident use. There are two electric water heaters located on the main level of the home. The home does accept smokers and there is an enclosed porch area for smoking. The home has four fire exits, two of which can accommodate wheelchairs as there are ramps. The home has smoke alarms run from the electrical system and are inter-connected with battery back-up. The alarm system was inspected and approved in June 2016. There is floor separation with a 1 3/4" solid-core door, with automatic closers, separating the main level from the basement. The basement will not be accessed by residents. There are living quarters for live-in staff in the basement, as well as laundry facilities and utilities. The home has a gas, forced-air furnace.

B. Program Description

The applicant plans to admit male and female individuals who are at least 18 years of age and who are aged, mentally ill, physically handicapped or developmentally disabled. The applicant has applied for special certification status and intends to accept individuals under contract with Riverwood Mental Health Authority. The facility has operated under Special Certification status since 1994. The licensee has developed an LLC for the operation of the AFC home and has applied for a new license under a corporate structure but will continue to operate the home as it has been operating.

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 in addition to room and board in the least restrictive environment possible. The submitted program statement says the facility will utilize all available outside activities such as senior citizen centers, support centers, day programs, special schools, and other resources to meet the needs of residents. The facility also will follow all person centered plans and treatment plans as directed by placement agencies. The applicant intends to accept residents from Berrien County-DHS, Berrien County CMH, and individuals under a contractual agreement with Berrien County CMH (Riverwood Mental Health). 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 and will follow the instructions and recommendations of medical providers. The facility will make provision for a variety of leisure and recreational activities and equipment including cable TV, music, and in-home visitors. The home will maintain and post a calendar of recreational activities. It is the intent of this facility to utilize local community resources, as available and appropriate for the individual, based on their individual assessment.

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 owned by Sara and Mohan Jayaraman, and leased to Sylva Villas, L.L.C. The members of Sylva Villas, L.L.C. have submitted documentation appointing Saramani Jayaraman as licensee designee for this facility and Mohan Jayaraman as the administrator of the facility.

A background check was submitted and approved for the licensee designee and 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 12-bed facility is adequate and includes a minimum of two -staff-to-12 residents per day and evening shift and one staff from 11:30pm-7:30am. 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 background checks utilizing the Michigan Long Term Care Partnership website 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.

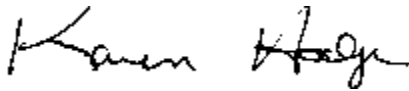
The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility 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.

IV. RECOMMENDATION

I recommend a license be issued to this medium AFC facility for twelve residents.



12/6/2016

Karen Hodge
Licensing Consultant

Date

Approved By:



12/8/16

Betsy Montgomery
Area Manager

Date