

RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

January 4, 2018

Lemelif Julian 1635 Millard Avenue Madison Heights, MI 48071

RE: Application #: AS500389749

Genesis Adult Foster Care Home II

3580 Fox Hill

Sterling Heights, MI 48310

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 6 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,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine Cillylo

Pontiac, MI 48342 (248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

AS500389749
Lemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071
(248) 635-7685
Lemelif Julian
Genesis Adult Foster Care Home II
0500 5 1111
3580 Fox Hill
Sterling Heights, MI 48310
(249) 625 7695
(248) 635-7685
08/07/2017
00/01/2011
6
PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODOLOGY

08/07/2017	On-Line Enrollment
08/09/2017	PSOR on Address Completed
08/09/2017	Contact - Document Sent
	Rule & Act booklets
08/09/2017	Application Incomplete Letter Sent App; received clearance for Lemelif (Licensee & Admin)
	App, received clearance for Lemeni (Licensee & Admin)
08/22/2017	Contact - Document Received
	Rec clearance, medical clearance and TB for Julian
08/25/2017	Contact - Document Received
	Application
08/29/2017	Contact - Document Received
	Licensing file received from Central office
09/21/2017	Application Incomplete Letter Sent
10/16/2017	Contact - Document Received
	Received initial documents by mail. Documents received include admission and discharge policies, warranty deed, proof of
	ownership, medical clearance, TB test, program statement,
	training, license, diploma, personnel policies, job descriptions,
	emergency procedures, proposed staffing pattern, organizational
	chart, floor plan, budget and credit report
11/20/2017	Contact - Telephone call received
	TC from Ms. Julian
11/30/2017	Inspection Completed On-site
11/30/2017	Contact - Document Received
	Email to and from Ms. Julian
12/03/2017	Contact - Document Received
	Received copy of bank statement and program statement from
	Alexandria Smith by email
12/04/2017	Contact - Document Sent
	Email to Ms. Julian
12/05/2017	Contact - Telephone call received
	TC from Ms. Julian

12/06/2017	Contact - Document Sent Email to and from Ms. Julian
12/07/2017	Contact - Document Sent Email to Ms. Julian
12/15/2017	Inspection Completed On-site
12/17/2017	Contact - Document Received Received copy of Admission Policy and Refund Policy from Alexandria Smith by email
01/03/2018	Contact - Telephone call received Received message from Ms. Julian

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

A. Physical Description of Facility

Genesis Adult Foster Care Home II is a one story home located in Sterling Heights, MI. The home has a capacity for six residents. The licensee and administrator for the home is Ms. Lemelif Julian. The home is owned by Ms. Julian and her husband, Robert Julian. A copy of the warranty deed was provided. Ms Julian is also the licensee for the Genesis Adult Foster Care Home (License #AF630380168) in Madison Heights, MI. The home was licensed on 08/09/2016.

Genesis Adult Foster Care Home II has a living room, kitchen, dining area, office area, four bedrooms and two bathrooms. The living room and dining room offer a total of 448 square feet which meets the required 35 square feet of living space per person for six residents.

The four bedrooms in the home measure as follows:

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Bedroom #	Room Dimensions	Total Square	Total Resident		
		Footage	Beds		
1	11'6" x 15'7"	179	2		
2	14'10" x 10'11"	161	2		
3	10'4" x 9'	93	1		
4	11'6" x 11'3"	129	1		

Total capacity: 6

All four bedrooms have adequate space bedding and storage. All of the bedrooms have a chair, mirror and window that can be opened in case of emergency. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has city water and sewer. The home does not have a basement. The water heater and boiler are located in a closet on the first floor with a self-closing fire door. The water temperature was measured with a digital thermometer and found to be 112.8 degrees Fahrenheit. The home has a locked cabinet in the kitchen for resident medications. Emergency procedures are posted in the kitchen area. The home had working smoke detectors at the time of inspection. There are fire extinguishers located in the office and kitchen. The home is wheelchair accessible. There are two exits with ramps located at the front and back of the home. The home has an above ground pool located in the back yard. The gate to the pool will be kept locked. There are also alarms on the doors for resident safety.

B. Program Description

The program statement for Genesis Adult Foster Care Home II indicates that they will provide care for residents who are aged (over the age of 64), residents with physical handicaps and those with Alzheimer's and dementia. The home also accepts hospice patients. The home will provide services that include 24 hour care, food preparation and distribution, medication administration, laundry, hygiene care, special diet monitoring, daily exercising, physical therapy, cleaning living spaces and incontinence care. All staff will be trained and instructed on the care of each resident. The home will incorporate group activities, such as exercising and social activities. The home has an open floor plan that will allow the residents to navigate the home with ease. The home also has alarms that sound when doors are opened for resident safety.

The home will maintain a staffing ratio of one caregiver to three residents. The home will increase staffing to two caregivers if they have more than three residents. Personnel policies and job descriptions have been completed for the home. Edgardo Ibarra will act as the designated person for the home in Ms. Julian's absence.

Ms. Lemelif Julian will act at the licensee and administrator for the home. Ms. Julian has been fingerprinted. A medical statement was provided for Ms. Julian dated 08/10/2017 and TB test dated 10/11/2017. Ms. Julian has been previously qualified as a licensee and administrator as she is also the owner of Genesis Adult Foster Care Home (License #AF630380168). Ms. Julian has been the licensee for this home since it opened on 08/09/2016. Ms. Julian provided a certificate of completion dated 04/24/2007 for the Nurse Aide and Clinical Internship Training Program at the Abcott Institute. She also provided First Aid and CPR training certificates dated 10/15/2017. Ms. Julian graduated from The General McArthur Memorial Academy of the Philippines in 1978.

C. Rule/Statutory Violations

Ms. Lemelif Julian was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend that the department issue a temporary license to this small group adult foster care home, Genesis Adult Foster Care Home II, with a capacity of (6) residents.

The temporary license shall be in effect for a six month period. A licensing renewal inspection will be conducted after six months.

Kristine Cillufo	01/03/2018
Kristine Cilluffo Licensing Consultant	Date
Approved By:	
Denice G. Munn	01/04/2018
Denise Y. Nunn Area Manager	Date