



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

September 18, 2003

Wills Dixon  
7320 Lansing Ave  
Jackson, MI 49201

RE: Application #: AS380258886  
Pleasant Manor II AFC  
7330 Lansing Ave  
Jackson, MI 49201

Dear Mr. Dixon:

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) 780-7159.

Sincerely,

Mary E Holton, Licensing Consultant  
Bureau of Family Services  
Suite 200  
209 E Washington  
Jackson, MI 49201  
(517) 780-7482

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF FAMILY SERVICES  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS380258886

**Applicant Name:** Wills Dixon

**Applicant Address:** 7320 Lansing Ave  
Jackson, MI 49201

**Applicant Telephone #:** (517) 796-1598

**Administrator/Licensee Designee:** Wills Dixon

**Name of Facility:** Pleasant Manor II AFC

**Facility Address:** 7330 Lansing Ave  
Jackson, MI 49201

**Facility Telephone #:** (517) 787-7873

**Application Date:** 07/21/2003

**Capacity:** 6

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

## II. METHODOLOGY

07/23/2002	Inspection Completed-Env. Health : A
07/21/2003	Enrollment
07/28/2003	Contact - Telephone call made Phone message to Mr. Dixon.
07/28/2003	Contact - Telephone call received Mr. Dixon schedule onsite for Friday, 8/01/03.
07/28/2003	Contact - Document Received Letter received from Ms. Wireman, current licensee of group home at this same location stating that she will close her license upon Mr. Dixon obtaining his license.
07/31/2003	Contact - Telephone call made Phone message to Mr. Dixon, stating need to reschedule 8/01/03 onsite inspection.
08/07/2003	Contact - Document Received Letter received from Mr. Dixon requesting license application to be put on hold due to a family emergency.
09/11/2003	Inspection Completed-BFS Sub. Compliance
09/12/2003	Inspection Report Sent
09/15/2003	Corrective Action Plan Received
09/18/2003	Corrective Action Plan Approved
09/18/2003	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental

The facility is a ranch style duplex which was formerly licensed as a small group home. A two-hour fire barrier divides the facility with the south end of the facility as a licensed adult foster care family home and the north end of the facility designated and licensed as a small group home.

The facility is sided in a stained brown wood siding. It has a flat roof and a paved driveway. The front entrance to this facility opens to the facility dining room. The dining room opens to the facility kitchen and a hallway to the resident bathrooms, living area, and the bedroom corridor. There is no basement. There are three exits to the facility, two are located on the east side and one is located on the west side of the facility.

The dining and living room areas measures 412 square feet. A laundry/utility room is located off the corridor between the facility kitchen area and the resident bedroom area.

The resident Bedrooms measure as follow:

Northwest corner bedroom:	17'10" x 8'2" = 146 square feet	(2 residents)
Southwest corner bedroom:	10' X 9' = 90 square feet	(1 resident)
Southeast corner bedroom:	9'3" X 14'10" = 137 square feet	(2 residents)
Northeast corner bedroom:	8'2" X 12'3" = 100 square feet	(1 resident)

The facility is cooled by several window air conditioners.

There is a separate heat plant and enclosure for the facility, which is located in the bedroom corridor. The heat plant is a forced air furnace operating on LPG gas.

Mr. Dixon is the owner of this building and the licensee for the family home adult foster care home located on the south side of this duplex.

## 2. Sanitation:

The facility has a private water supply which was fully approved by the Jackson County Public Health Department on 7/23/03.

## 3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. This system was recently inspected and approved by Guardian Alarm. There are an adequate number of fire extinguishers located in various areas of the facility.

## **B. Program Description**

### 1. Administrative structure and capability:

Wills Dixon is the applicant and will be the licensee and administrator for the facility. Mr. Dixon has a PhD in Educational Administration, a Master of Arts Degree in Developmental Psychology and a Bachelor's Degree in Theology/ History. Mr. Dixon is

currently employed as a psychologist for the State Prisons of Southern Michigan. Mr. Dixon reported that he has over 18 years of experience as a psychologist working with the elderly, mentally ill and developmentally impaired. Mr. Dixon reported 6 months to one year of experience working as a nursing assistant at a hospital in the 1980s. Mr. Dixon recently provided direct care to residents at an adult foster care home from December 2002 to present.

The application and supporting documentation have been reviewed and found to be in substantial compliance with the rules pertaining to the administrative structure and administrative capabilities of the applicant.

A credit report, financial statement, and annual proposed budget have been submitted and reviewed.

## 2. Program Information

The program statement for the facility states that the facility will admit men and women over the age of 18 years of age who may be developmentally disabled, mentally ill, or aged. Acceptable physical conditions include diabetes, and sensory and speech problems. Smoking is permitted outside of the facility only. The facility cannot accommodate wheelchairs. Source of payment for residents can be SSI or private pay. Transportation for residents is provided by the licensee and public transportation.

Emergency medical services will be provided by local hospitals and ambulance service is provided by Rives Township services.

## 3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by this consultant and are found to be in compliance.

The licensing Medical Clearance Request Form indicates the licensee received a physical appraisal on 6/20/03, and a TB test completed on 10/24/02 was found to be negative.

Emergency plans for medical emergencies, fire, facility repairs and severe weather have been reviewed and found acceptable.

Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

**C. Conclusion:**

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

**IV. RECOMMENDATION**

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

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Mary E Holton Date  
Licensing Consultant

Approved By:

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Betsy Montgomery Date  
Area Manager