



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 9, 2020

Toni Clark  
The JLee House, LLC  
PO Box 4103  
Battle Creek, MI 49016

RE: Application #: AS130404030  
**JLee House**  
**192 Waubascon Rd.**  
**Battle Creek, MI 49037**

Dear Ms. Clark:

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 four (4) 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS130404030
<b>Applicant Name:</b>	The JLee House, LLC
<b>Applicant Address:</b>	192 Waubascon Rd. Battle Creek, MI 49037
<b>Applicant Telephone #:</b>	(269) 964-3711
<b>Licensee Designee:</b>	Toni Clark
<b>Administrator:</b>	Toni Clark
<b>Name of Facility:</b>	JLee House
<b>Facility Address:</b>	192 Waubascon Rd. Battle Creek, MI 49037
<b>Facility Telephone #:</b>	(269) 964-3711
<b>Application Date:</b>	03/19/2020
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/26/2019	Inspection Completed-Env. Health: A. Completed for enrollment AS130400448
03/19/2020	Enrollment
03/19/2020	Application Incomplete Letter Sent. Add'l \$45 fee
04/27/2020	File Transferred To Field Office- Lansing
06/01/2020	Application Incomplete Letter Sent
06/16/2020	Contact - Document Received
06/16/2020	Second Application Incomplete Letter Sent
09/10/2020	Inspection Completed-BCAL Sub. Compliance
10/02/2020	Documents Received- BCAL Full Compliance
10/02/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The JLee House is a three-bedroom, one bathroom, ranch style home located in Battle Creek. The facility's main entrance leads into a large living room. Off the living room, to the left and towards the back of the facility, are two resident bedrooms and one resident bathroom. The resident bathroom is equipped with both a shower and a bathtub. To the right of the living room is the facility's dining room, kitchen, entrance to the basement, and a second means of egress. A third non-resident bedroom is located in the facility's basement. While the facility is equipped with a wheelchair ramp located at the facility's main entrance, the facility is not wheelchair accessible. The applicant does not plan to admit individuals who regularly use a wheelchair to ambulate.

An on-site inspection verified the facility was in compliance with all applicable environmental health administrative rules. The facility utilizes the public water system and a private sewer system. According to the department's Internal Bureau Tracking System, the facility received an approval rating from the Calhoun County Environmental Health Department which found the facility to be in substantial compliance with all applicable environmental health rules.

An on-site inspection verified the facility was in substantial compliance with rules pertaining to fire safety. The facility is equipped with an interconnected multi-station smoke detection system with battery backup. Smoke detectors were installed near

sleeping areas, on each floor of the home, in the basement, and near flame producing equipment. On file is written verification from a qualified inspection service verifying the facility's interconnected multi-station smoke detection system was installed correctly and is in good working condition. The facility's washer and dryer, gas-fired hot water heater, and gas-fired furnace are located in the basement. A 1 ¾-inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the top of the stairs leading to the facility's basement, creating floor separation. On file is written verification from a qualified inspection service verifying the facility's hot water heater and furnace are in good working condition. On file is documentation verifying the ceiling tiles located in the living room and in one resident bedroom have been fire rated Class A. On file is documentation verifying the paneling located on the walls in stairway leading to the basement, on the walls in the basement, and on the walls in the storage room have been fire rated Class B.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'4" X 13'5"	152	2
2	12'8" X 12'8"	160	2

The living room and dining room measure a total of 474 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

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 to four (4) male or female ambulatory adults who are developmentally disabled and/or diagnosed with a mental illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept private pay individuals, as well as referrals from the Calhoun County Department of Health and Human Services, and local Community Mental Health agencies.

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, the resident's guardian, and the resident's responsible agency.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant, The JLee House, LLC, is a “Domestic Limited Liability Company”, established in Michigan, on 05/23/2018. 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.

Toni Clark is the Resident Agent of The JLee House, LLC, and has appointed herself Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Clark. Ms. Clark submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Clark has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Clark is a registered medical assistant and currently works at Western Michigan University’s School of Medicine. As the owner and operator of Pristine Healthcare and Home Services, Ms. Clark has 10 years of experiencing providing direct services, such as medication management, shopping assistance, transportation, housekeeping, snow removal, and lawncare maintenance, to the mentally ill, developmentally disabled, physically handicapped, and aged populations. Ms. Clark previously operated a boarding house at the property, where she accepted referrals for occupants from local agencies such as Summit Pointe Community Mental Health and Guardian Finance and Advocacy Services.

The staffing pattern for the original license of this four (4) bed facility is adequate and includes a minimum of one (1) staff -to- four (4) residents per shift. 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 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 acknowledges 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 criminal record checks

utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) 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 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 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.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative licensing rules pertaining to physical plant at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care group home, capacity of four (4) residents.

*Michele Streeter*

10/08/2020

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Michele Streeter  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

10/09/2020

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Dawn N. Timm  
Area Manager

Date