



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 4, 2021

Julia Drew
116 N. Johnson St.
Pontiac, MI 48341

RE: Application #: AS630401940
Johnson Estate
116 N Johnson Ave
Pontiac, MI 48341

Dear Ms. Drew:

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,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630401940
Licensee Name:	Julia Drew
Licensee Address:	116 N. Johnson St. Pontiac, MI 48341
Licensee Telephone #:	(248) 678-3355
Administrator/Licensee Designee:	Julia Drew
Name of Facility:	Johnson Estate
Facility Address:	116 N Johnson Ave Pontiac, MI 48341
Facility Telephone #:	(248) 613-4098
Application Date:	10/04/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/24/2019	Inspection Completed-BCAL Sub. Compliance
10/04/2019	On-Line Enrollment
10/04/2019	On-Line Application Incomplete Letter Sent 1326, RI030, AFC100 for Julia
10/07/2019	Contact - Document Sent Sent 1326, RI030, & AFC100
10/07/2019	Comment RI030 not needed. Has fingerprints from 10/02/18 and has enrolled facility at field office
11/12/2019	Contact - Document Received 1326 & AFC100 for Julia
11/18/2019	Contact - Document Received Licensing file received from Central office
12/04/2019	Application Incomplete Letter Sent
09/18/2020	Application Complete/On-site Needed
12/11/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Johnson Estate is located at 116 N. Johnson Ave, Pontiac, MI 48341 and is owned by Kim Young. A lease agreement has been established between Ms. Young and Julia Drew. Proof of ownership is contained in the facility file. The home is currently being run as a room and board with six occupants.

Johnson Estate is a brick and aluminum sided, colonial styled residential structure with 1,651 square feet of living space. The home consists of a kitchen, living room, dining room, two full bathrooms (one upstairs and one on the main level), four bedrooms (three upstairs and one on the main level) and a basement. The home is not wheelchair accessible as there are no ramps at either means of egress.

The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are contained in the basement and is equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected by Oxford Plumbing and Heating and was determined to be in good working condition. A copy of the inspection report is contained in the facility file. The facility is equipped with an interconnected smoke detection system with battery back-up. The facility utilizes public water and sewage disposal services.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'6" x 11'9" x 9'2"	173	1
2	11'11" x 10'4" x 6'2" x 8'2"	173	2
3	11' x 12'8"	139	2
4	11'9" x 10'9"	126	1

Total capacity: 6

The indoor living and dining areas measure a total of 378 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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 routine procedures for the facility were reviewed and accepted as written. Johnson Estate intends to provide 24-hour supervision, protection, and personal care to six (6) adults, male or female, who are developmentally disabled and/or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. Transportation will be provided for medical appointments and facility planned outings.

If required, behavior 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, or the responsible person.

In addition to the above program elements, it is the intent of Johnson Estate to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant is Julia Drew. Ms. Drew has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

A criminal history background checks of Julia Drew was completed and determined that she is of good moral character to provide licensed adult foster care. Ms. Drew submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Drew provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Drew earned a Bachelor of General Studies degree from the University of Michigan and has worked as a manager at the Mecca House SIP home since 2018 working with the developmentally disabled and mentally ill population. Ms. Drew also has eight years of experience working at the Hope Shelter in Pontiac, MI as a manager. Ms. Drew completed the new hire recipient rights training as well as participated in other relative trainings through Training, and Treatment Innovations.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Ms. Drew acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Drew has indicated that direct care staff will be awake during sleeping hours.

Ms. Drew acknowledged 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.

Ms. Drew acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Drew acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term

Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Drew acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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.

Ms. Drew acknowledged the 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, Ms. Drew acknowledged the 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.

Ms. Drew acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Drew acknowledged the responsibility to obtain the required written assessment, 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.

Ms. Drew acknowledged the 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.

Ms. Drew acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Drew acknowledged 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.

Ms. Drew acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Drew indicated the intent to respect and safeguard these resident rights.

Ms. Drew acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Drew acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Drew acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of **(6)** six.

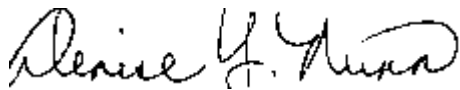


1/04/2021

Cindy Berry
Licensing Consultant

Date

Approved By:



01/04/2021

Denise Y. Nunn
Area Manager

Date