



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 01, 2021

Jay Brow
601 Oak Hill Court
Monroe, MI 48162

RE: Application #: AS580403722
Assisted Living at River Raisin
635 Ruff Dr
Monroe, MI 48162

Dear Ms. Brow:

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 5 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS580403722
Licensee Name:	Jay Brow
Licensee Address:	601 Oak Hill Court Monroe, MI 48162
Licensee Telephone #:	(734) 819-1016
Administrator/Licensee Designee:	N/A
Name of Facility:	Assisted Living at River Raisin
Facility Address:	635 Ruff Dr Monroe, MI 48162
Facility Telephone #:	(734) 819-1016 02/28/2020
Application Date:	
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

02/28/2020	On-Line Application Incomplete Letter Sent 1326, RI030 & AFC100 for Jay Brow
02/28/2020	On-Line Enrollment
03/02/2020	Contact - Document Sent 1326, RI030 & AFC100
03/20/2020	Contact - Document Received 1326, RI030, AFC100 for Jay Brow
04/01/2020	Application Incomplete Letter Sent
05/28/2020	Contact - Document Received Received some of the application incomplete documents from applicant.
09/16/2020	Contact - Telephone call made Spoke with applicant Ms. Brow inquiring about her interest in moving forward with licensure and requesting documents that were previously requested but not received.
09/21/2020	Contact - Document Sent Sent detailed email requesting all of the documents still needed and updates/changes to some of the documents received.
11/04/2020	Contact - Document Received Received and reviewed updated and previously requested policies and procedures.
12/04/2020	Contact - Telephone call made Left a message for the applicant requesting a return call.
12/09/2020	Contact - Document Sent Mailed Ms. Brow samples of some areas of policies/procedures to assist her with creating her own.

02/02/2021	Contact - Telephone call made Left a message for Ms. Brow requesting a return call re: continued interest.
02/04/2021	Contact - Telephone call received Spoke with Ms. Brow.
02/22/2021	Contact - Document Received Received and reviewed revised policies and procedures.
02/25/2021	Contact - Telephone call made Scheduled onsite inspection.
02/25/2021	Application Complete/On-site Needed
03/18/2021	Inspection Completed-BCAL Sub. Compliance
03/18/2021	Application Incomplete Letter Sent Confirming Letter sent documenting areas of non-compliance.
06/09/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Assisted Living at River Raisin is located in the city of Monroe. The home is a tan brick ranch with a finished basement. The home has 3 bedrooms and two full bathrooms. The home has a long-paved driveway for adequate parking with a two-car attached garage.

The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with two separate 1-3/4 inch solid core doors equipped with automatic self-closing devices and positive latching

hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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'x10'9"	118 sq. ft.	1
2	11'11"x10'11"	130 sq. ft.	2
3	11'10"x 13'2"	156 sq. ft.	2

The living, dining, and family room areas measure a total of **773** square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** male or female ambulatory adults whose are aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, if needed.

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 assure transportation is available for program and medical needs. 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/licensee is Jay Brow. The licensee 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee. The licensee submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. This staffing ratio may change based on the needs of the residents. All staff shall be awake during sleeping hours.

The licensee acknowledges an understanding of the training and qualification 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 licensee 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 criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee 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 licensee 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 licensee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The licensee 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 licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee 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 licensee 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 licensee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee 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.

D. Rule/Statutory Violations

The licensee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).



Pandrea Robinson
Licensing Consultant

07/01/21
Date

Approved By:



07/01/21

Ardra Hunter
Area Manager

Date