



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 5, 2021

Jzsa-Jaza Gibson  
Pharaoh's Rest Haven, LLC  
1102 S. West Avenue  
Jackson, MI 49203

RE: Application #: AS380406021  
Pharaoh's Rest Haven  
1044 S. MLK Jr. Drive  
Jackson, MI 49203

Dear Ms. Gibson:

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 3 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 cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 262-8604

Enclosures

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380406021
<b>Applicant Name:</b>	Pharaoh's Rest Haven, LLC
<b>Applicant Address:</b>	1044 S. MLK Jr. Drive Jackson, MI 49203
<b>Applicant Telephone #:</b>	(517) 879-7434
<b>Administrator/Licensee Designee:</b>	Jzsa-Jaza Gibson
<b>Name of Facility:</b>	Pharaoh's Rest Haven
<b>Facility Address:</b>	1044 S. MLK Jr. Drive Jackson, MI 49203
<b>Facility Telephone #:</b>	(517) 513-3381
<b>Application Date:</b>	10/02/2020
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/02/2020	Enrollment
10/02/2020	License Unit file referred for background check review Jzsa-Jaza (LD & Admin)
10/02/2020	Application Incomplete Letter Sent IRS letter; FPs for Jzsa-Jaza (LD & Admin)
10/02/2020	Contact - Document Received RI-030 for Jzsa-Jaza (LD & Admin)
10/12/2020	Contact - Document Received \$45; ck #26966756226
10/15/2020	License Unit file referred for background check review Jzsa-Jaza (LD & Admin)
11/16/2020	Contact - Document Received IRS letter
12/01/2020	Application Incomplete Letter Sent via email.
03/04/2021	Contact - Documents Received
05/24/2021	Application Complete/On-site Needed
05/24/2021	Inspection Completed-BCAL Sub. Compliance
07/08/2021	Inspection Completed On-Site
07/16/2021	Contact - Face to Face - I reviewed the rules with Ms. Gibson via Microsoft Teams.
07/30/2021	Confirming Letter Sent
08/04/2021	Inspection Completed-BCAL Full Compliance
08/04/2021	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Ms. Jzsa-Jzsa Gibson is the proposed applicant and operator of this facility. Ms. Gibson is the property owner of this facility. The facility is located in a residential neighborhood, in the City of Jackson, Michigan. This two-story style home has a basement and a one car garage. The home has a pathed driveway. This home is not wheelchair accessible. The side door (facing Rockwell Street) will be the primary entrance for the residents. This entrance is equipped with steps and sturdy handrails on each side. The second identified exit and means of egress is located in the front of the facility (facing MLK Jr., Drive). It is also equipped with steps and sturdy handrails. There is an additional exit in the kitchen, which leads directly to the outside from the home.

The main entrance opens to the dining room, which leads to the kitchen and the laundry area. There are two doors in the kitchen, one leads to the outside and the other to the basement.

From the dining room entrance to the right is another dining area and to the left is the living room. The staff office is located next to the living room. There is a hallway, which leads to a small bathroom on the right and the second floor. The second floor contains two resident bedrooms and a full bathroom.

It should be noted that there are three bedrooms on the second floor of the home; however, Bedroom #3 will not be licensed as a resident bedroom. This room is accessed only through the bathroom and would prevent egress from the room if the bathroom is being utilized.

In the kitchen, there is a door, which leads to the basement. The basement contains the furnace, water heater and the electrical panel. The door leading to the basement provides floor separation. It is a 20-minute fire door, and it is equipped with an automatic self-closing device and positive latching hardware.

On June 23, 2021, the furnace and water heater were inspected and approved by a licensed contractor. The facility is equipped with an interconnected, hardwired smoke detection system, and it is in good operating condition. Battery-operated smoke detectors are also contained within the home. The smoke detectors are located on all levels of the facility and in required areas of the home. On June 24, 2021, an electrical inspection was conducted and approved by a licensed contractor. Copies of the approved inspection reports are contained within the licensing file.

This facility is air conditioned. The facility is equipped with a washer and an electric dryer.

The facility utilizes a public water supply and sewage disposal system.

The facility is equipped with a fireplace, which is located in the living room. The applicant has stated in writing that the fireplace will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	12' x 13'	156	2
2	13' x 9'	117	1

The indoor living and living areas measure a total of 463 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 3 (male or female) residents who are 18 to 99 years of age, and have a diagnosis of mental illness, developmental disability and/ or are aged.

According to the program statement, the goal of Pharaoh's Rest Haven "is to provide necessary services and support our clients who want to remain independent in the community setting. We meet these goals by providing our residents with a safe, clean and respectful environment with trained direct care staff." Pharaoh's Rest Haven also encourages family and friends to visit the home. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Pharaoh's Rest Haven intends to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment and Medicaid.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, the applicant intends to utilize local community resources such as libraries, shopping centers, churches, movies, and local parks. The facility will also have activities available such as a pool table, puzzles,

games, music, and exercise. The applicant has a vehicle to transport the residents into the community.

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

The applicant is Pharaoh's Rest Haven, L.L.C., and is a "For Profit Domestic Limited Liability Company" which was formed on February 25, 2020. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Jzsa-Jzsa Gibson is the Resident Agent. 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. Ms. Jzsa-Jzsa Gibson is the sole member of this company, and she has submitted, in writing, the appointment of herself as the licensee designee and the administrator for the facility.

Criminal background check of Jzsa-Jzsa Gibson was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Gibson has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Ms. Gibson is a Registered Nurse and a Licensed Practical Nurse. Ms. Gibson has several years' experience working in the nursing field. She has experience working with the populations that will be served in this home. In addition, Ms. Gibson has experience working as a nurse manager. Her duties included supervising a small department and overseeing all restorative activities through the facility; she also ensured that residents maintained their current level of functioning. Ms. Gibson has experience interpreting policies and procedures, developing plans of care, charting, administering medications, providing complete care to critically ill individuals, caring for residents diagnosed with developmental delays, and performing tracheostomy care and ventilator maintenance. She has worked as a Charge Nurse, overseeing 60 residents housed in two assisted living settings. Ms. Gibson has provided wound care, scheduled appointments for residents, maintained medical records, and worked with families and service providers to ensure residents received proper care.

Ms. Gibson has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Gibson has provided copies of the successful completion for the trainings. She has also been trained in First Aid and CPR and provided certification of completion.

The staffing pattern for the original license of the 3-bed facility is adequate and includes a minimum of 1 staff for 3 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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 <https://miltcpartnership.org> and the related documents required to demonstrate compliance.

The applicant 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 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.

The applicant 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant 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.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

**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 temporary license to this AFC adult small group home (capacity 1-3).

*Mahtina Rubritius*

8/04/2021

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*Mary Holtz*

08/05/2021

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Ardra Hunter  
Area Manager

Date