



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 13, 2022

Javon Brown
38855 Plumbrook Dr.
Farmington Hills, MI 48331

RE: Application #: AS630404326
New Beginnings
32999 W 14 Mile Rd.
Farmington Hills, MI 48334

Dear Ms. Brown:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630404326
Licensee Name:	Javon Brown
Licensee Address:	32999 W. 14 Mile FARMINGTON HILLS, MI 48334
Licensee Telephone #:	(734) 658-0632
Administrator/Licensee Designee:	Yolanda Matthews/ Javon Brown
Name of Facility:	New Beginnings
Facility Address:	32999 W 14 Mile Rd. Farmington Hills, MI 48334
Facility Telephone #:	(248) 506-5891
Application Date:	04/17/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

04/17/2020	On-Line Enrollment
04/22/2020	Contact - Document Sent 1326, RI030 & AFC100
05/15/2020	Contact - Document Received 1326 for Javon, AFC100 for Yolanda
05/20/2020	Lic. Unit file referred for background check review ICHAT hit for Yolanda Matthews, referred to C. Pilarski for review
02/04/2021	Contact - Document Received RI030 for Javon
02/22/2021	Application Incomplete Letter Sent
02/26/2021	Contact - Telephone call made Spoke to applicant via phone
03/22/2021	Contact - Document Sent Follow-up Email sent to Mr. Brown regarding documents needed as part of application process; Sent copy of the Group Content Worksheet for guidance.
04/28/2021	Contact - Telephone call made Spoke to Ms. Matthews, who reported she will have all documents completed and submitted by due date. Ms. Matthews acknowledged withdrawal of application if she does not meet the deadline.
05/11/2021	Contact - Document Sent Follow Up email and phone call to remind Ms. Matthew of the pending withdrawal/closure of the application due to lack of response and submission of required documents.
05/14/2021	Contact - Document Sent Sent follow-up email to remind Ms. Brown that all documents are due to me by 5/17/21 as specified in the Confirming Letter that was sent to her on 4/28/2021. Reminded that application will be closed on 5/17/21 if all documents are not received by this date.
05/19/2021	Contact - Telephone call made Phone call with Ms. Matthews. Advised that she is operating an unlicensed facility and if all documents are not received by 5/20/21 at noon, her application will be closed, and an

	unlicensed special investigation will be opened. Ms. Matthews advised she will have all documents to me by deadline. Ms. Matthews acknowledged that she has not submitted any documents since 2/2021.
06/10/2021	Contact - Telephone call made Spoke to Ms. Matthews. Advised that multiple documents are still needed and there is a final deadline of 6/16/21 to keep application active.
07/29/2021	Inspection Completed On-site
07/29/2021	Inspection Completed-BCAL Sub. Compliance
08/10/2021	Application Incomplete Letter Sent Confirming letter emailed instead
11/03/2021	Inspection Completed On-site
11/04/2021	Inspection Completed On-site
12/09/2021	Contact - Document Received Received documentation
12/09/2021	Application Complete/On-site Needed
01/03/2022	Contact - Document Sent Requested updated medical clearances for the applicants.
01/03/2022	Application Incomplete Letter Sent Emailed the applicant to request updated medical clearances.
01/10/2022	Contact - Document Received Received documentation
01/11/2022	Inspection Completed-BCAL Full Compliance Last onsite inspection completed on 11/04/2021
01/11/2022	LSR Generated
01/11/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch located in the city of Farmington Hills. This facility consists of five resident bedrooms, a laundry room, a lavatory, a living room, two stand-alone full bathrooms, a dining room with an adjoining medication room, four sitting areas, and a kitchen. There is an additional full bathroom attached to two of the sitting areas. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located on the main floor in the laundry room. The room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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	11'2" x 8'3"	92.15	1
2	8'10"10 x 10'10"	95.63	1
3	12'5" x 10'11"	135.63	2
4	12'1" x 10'11"	131.91	1*
5	11'2" x 9'5"	105.22	1

Total capacity: 6

(*This bedroom is large enough for up to two residents).

The living, dining, and sitting room areas measure a total of 914.40 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 **six (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 procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or

mentally impaired, 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as referral sources.

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 provide all transportation 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 Javon Brown has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant Javon Brown and the administrator Yolanda Matthews. Ms. Brown and Ms. Matthews submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Brown and Ms. Matthews have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Brown and Ms. Matthews have over three and eight years of experience, respectively, with working with the populations (physically handicapped, developmentally disabled, Alzheimer's, and Aged).

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Ms. Brown acknowledged 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. Ms. Brown has indicated that direct care staff will be awake during sleeping hours.

Ms. Brown acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Brown 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. Brown 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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

Ms. Brown acknowledged her 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. Brown acknowledged her 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. Brown acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Brown 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 resident's personal money transactions that have been agreed to be managed by the applicant.

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

Ms. Brown acknowledged 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. Ms. Brown has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

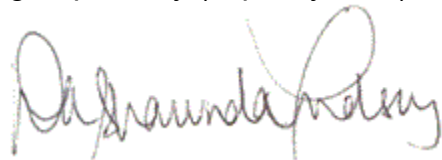
Ms. Brown acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group facility (capacity 1 - 6).

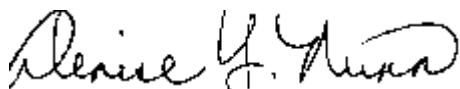


01/11/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



01/13/2022

Denise Y. Nunn
Area Manager

Date