



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 27, 2022

Hope Lovell
LoveJoy Special Needs Center Corporation
17101 Dolores St
Livonia, MI 48152

RE: Application #: AS780413489
Matthew Home
1016 Wood Court
Owosso, MI 48867

Dear Ms. Lovell:

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 effective October 1, 2022, and the Special Certification has been approved on a temporary basis effective October 1, 2022.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 cursive script that reads "Candace Coburn".

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS780413489

Applicant Name: LoveJoy Special Needs Center Corporation

Applicant Address: 17101 Dolores St, Livonia, MI 48152

Applicant Telephone #: (517) 574-4693

Administrator: Hope Lovell

Licensee Designee: Hope Lovell

Name of Facility: Matthew Home

Facility Address: 1016 Wood Court
Owosso, MI 48867

Facility Telephone #: (517) 574-4693

Application Date: 07/22/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/22/2022	Enrollment
07/22/2022	PSOR on Address Completed
07/22/2022	Application Incomplete Letter Sent
09/25/2022	Application Complete/On-site Needed
09/29/2022	Inspection conducted on site BCHS full compliance
09/29/2022	Exit conference with Hope Lovell, Licensee Designee
10/07/2022	File Transferred to Field Office

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-story, ranch-style home located in the city of Owosso, in Shiawassee County, Michigan. The facility is equipped with a full kitchen, large living and dining room combination area, laundry room, staff office area, four resident bedrooms, and two bathrooms for resident use. The facility has two egress doors that are exactly level with the ground without use of a ramp for wheelchair accessibility.

The property is owned by GFP Management LLC and holds a lease agreement with the applicant. The copy of the lease agreement on file specifies the use of the property will be for adult foster care and written permission was granted from the property owner allowing the department to inspect the property for licensing purposes.

An on-site inspection verified the facility was in substantial compliance with rules pertaining to fire safety. The mechanical room containing the facility's gas-fired furnace and gas-fired hot water heater is located in the facility's attached garage. The mechanical room is equipped with a self-closing, solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. A copy of this inspection report is on file. The facility is equipped with an interconnected multi-station smoke detection system with battery backup. 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. There are fire extinguishers located on each floor of this facility.

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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.11 x 14.08	142.34	1 or 2
2	10.11 x 14.08	142.34	1 or 2
3	14.08 x 10.08	152.06	1 or 2
4	14.08 x 10.07	141.78	1 or 2

While the facility's four bedrooms can accommodate up to two residents in each bedroom, the applicant has agreed to not exceed the facility's maximum capacity of six residents. The living room and dining room measure a total of 352 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

B. Applicant and Administrator Qualifications

The applicant is LoveJoy Special Needs Center Corporation, a domestic nonprofit corporation established in Michigan in November 2007. 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.

The members of LoveJoy Special Needs Center Corporation have submitted documentation appointing Hope Lovell as Licensee Designee and Administrator of the facility.

Ms. Lovell received a Bachelor of Arts in Finance from Michigan State University's Eli Broad College of Business in December 2000 and a Master of Public Health from the University of Michigan in August of 2012. Ms. Lovell has worked as the president and executive director of LoveJoy Community Service since January 2008. LoveJoy Community Service is the licensee of several existing adult foster care homes in Michigan. Ms. Lovell has many years of experience operating adult foster care facilities and satisfies the department requirement for education and training to be a licensee designee and administrator.

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

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff per 6 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 be awake during sleeping hours.

The applicant 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.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the applicant 24 hours a day / 7 days a week.

The applicant acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

The applicant 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 employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 her responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee designee acknowledges her responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 licensee designee indicated that it is her 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledges her responsibility to obtain 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 designee acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

C. Program Description

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services to both male and female residents who are developmentally disabled, physically handicapped, and/or mentally ill 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 Shiawassee Health and Wellness which is the Shiawassee County CMH as a referral source.

The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24 hours nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

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 program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This

facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents. The residents in this facility will also participate in workshops in the community on a daily basis if they can do so.

D. Rule/Statutory Violations

The applicant 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 1-6).



10/25/2022

Candace Coburn
Licensing Consultant

Date

Approved By:



10/27/2022

Michele Streeter
Area Manager

Date