



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2022

Johnnie Denham
Slim Haven, LLC
Ste. 1137
6659 Schaefer Rd
Dearborn, MI 48126

RE: Application #: AS390412516
LENORA AFC
512 Horace Ave.
KALAMAZOO, MI 49048

Dear Mr. Denham:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390412516
Licensee Name:	Slim Haven, LLC
Licensee Address:	Ste. 1137 6659 Schaefer Rd Dearborn, MI 48126
Licensee Telephone #:	(800) 993-1287
Administrator Licensee Designee:	Lenora Williams Johnnie Denham
Name of Facility:	LENORA AFC
Facility Address:	512 Horace Ave. KALAMAZOO, MI 49048
Facility Telephone #:	(800) 993-1287
Application Date:	04/29/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/29/2022	On-Line Enrollment
05/26/2022	Contact - Telephone call made Spoke w/John and will follow up on needed documents Spoke w/John. I will follow up on needed documents.
06/01/2022	Lic. Unit file referred for background check review Sent Candace and e-mail for FP hit on LD Johnnie Denham
06/03/2022	Application Incomplete Letter Sent Emailed App Incomplete ltr, 1326 and AFC 100
06/28/2022	Contact - Document Received AFC 100, 1326,
07/26/2022	Application Incomplete Letter Sent
09/08/2022	Contact-Document Received- Facility Documents
09/09/2022	Contact-Document Received- Licensee Designee Documents
09/26/2022	Contact-Document Received- Administrator/Facility Documents
10/25/2022	SC-Application Received-Original
10/25/2022	Inspection Completed On-site
10/25/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lenora AFC is an older, completely updated, brick, two-story home located in the city of Kalamazoo, MI. The home is less than 5 miles from Ascension Borgess Hospital, parks, and restaurants. The main floor of the home includes a large living room, a dining room, kitchen, one resident bedroom, and one full resident bathroom. The second floor includes three resident bedrooms, a small sitting area, one full resident bathroom and a staff office. There is an unfinished basement that is not accessible to residents and will be used for storage purposes only. The home does not have at least one approved means of egress that is equipped with a ramp therefore the home is not wheelchair accessible. The home utilizes public water supply and sewage disposal system.

There is a gas furnace and water heater located in the basement of the home. The door to the basement is equipped with a 1-3/4-inch solid core door with automatic, self-closing and positive latching hardware. The door is hung in a fully stopped wooden

frame located at the bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system which was installed by a licensed electrician and is fully operational. The facility is equipped with fire extinguishers which are located on each floor of the home. The furnace was inspected on 07/06/20 by a licensed professional and determined to be fully operational. The electrical system was inspected on 6/7/2022 by a licensed professional and determined to be 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	17'10" x 8'4"	136 sq ft	1
2	15'2" x 18'5"	270 sq ft	2
3	11" x 14'2"	154 sq ft	1
4	15'1" x 15'0"	225 sq ft	2

The living, dining, and sitting room areas measure a total of 310 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, mental illness and traumatically brain injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The facility will allow residents the opportunity participate in outdoor activities and activities in the community which can include walking and outdoor picnics. 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 Kalamazoo County-DHHS, Kalamazoo County CMH, or private pay individuals as a referral source.

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 is Slimhaven, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 7/08/2019. 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 Slimhaven, L.L.C. have submitted documentation appointing Johnnie Denham as Licensee Designee and Lenora Williams as Administrator for this facility.

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

Mr. Denham and Ms. Williams have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Denham is a registered nurse and is currently the licensee designee for other adult foster care homes. Both Mr. Denham and Ms. Williams have years of experience working directly with individuals diagnosed with developmentally disabled, mentally ill, and traumatically brain injured.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff to 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 applicant acknowledges 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 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.

The applicant 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 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 acknowledges their 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 acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their responsibility to obtain the required 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

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

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 applicant indicated that it is their 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 applicant 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 for a small group home facility with a capacity of six (6) residents.



Ondrea Johnson
Licensing Consultant

11/11/2022
Date

Approved By:



11/17/2022

Dawn N. Timm
Area Manager

Date