



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 12, 2022

Iemelif Julian
1635 Millard Ave
Madison Heights, MI 48071

RE: Application #: AS630412070
Genesis Adult Foster Care Home I
1635 Millard Ave.
Madison Hts., MI 48071

Dear Iemelif Julian:

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 (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
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412070
Applicant Name:	Iemelif Julian
Applicant Address:	1635 Millard Ave Madison Heights, MI 48071
Applicant Telephone #:	(248) 635-7685
Administrator/Licensee Designee:	N/A
Name of Facility:	Genesis Adult Foster Care Home I
Facility Address:	1635 Millard Ave. Madison Hts., MI 48071
Facility Telephone #:	(248) 635-7685
Application Date:	03/03/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/03/2022	Enrollment
03/18/2022	Application Incomplete Letter Sent 1326, AFC100, updated app, add. \$20.00 app fee.
04/08/2022	Contact - Document Received Chk#1054 Amt: \$20.00
09/07/2022	Contact - Document Received all documents
09/07/2022	PSOR on Address Completed
09/07/2022	Application Incomplete Letter Sent
09/23/2022	Contact - Document Received Received documentation
09/26/2022	Inspection Completed On-site
09/26/2022	Inspection Completed-BCAL Full Compliance
09/29/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style facility is located in the city of Madison Heights. The main level consists of five resident bedrooms, a full bathroom, a lavatory, kitchen with sit-in dining area, and living room. This facility is wheelchair accessible and has two 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 in the basement with a 1³/₄ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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	11'10" x 9'10"	116.29	1
2	13'3" x 12'7" -2'3" x 2'4"	161.45	2
3	9' x 11'6"	103.50	1
4	15'9" x 8'11" -2'5" x 5'	128.39	1
5	15'9" x 8'11" -2'5" x 5'	128.39	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 428.08 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 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 lemelif Julian 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. Ms. Julian has income earned through her other licensed adult foster care facilities. These facilities are Genesis Adult Foster Care (AF630380168), Genesis Adult Foster Care II (AS500389749), Genesis Adult Foster Care III (AS630394526), and Genesis Adult Foster Care IV (AS630398410).

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

Ms. Julia provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has served as the licensee of Genesis Adult Foster Care (AF630380168) since 08/09/2016, Genesis Adult Foster Care II (AS500389749) since 01/04/2018, and Genesis Adult Foster Care II (AS500389749), Genesis Adult Foster Care III (AS630394526) since 09/14/2018, and Genesis Adult Foster Care IV (AS630398410) since 07/12/2019. The populations served in these facilities are physically handicapped, aged and Alzheimer's.

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. Ms. Julian 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. Julian indicated that direct care staff will be awake during sleeping hours.

Ms. Julian 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. Julian 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. Julian 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. Julian 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, 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.

Ms. Julian 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. Julian 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. Julian 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. Julian 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. Julian 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. Julian acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Julian 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. Julian 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. Julian indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Julian 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. Julian 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. Julian 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.

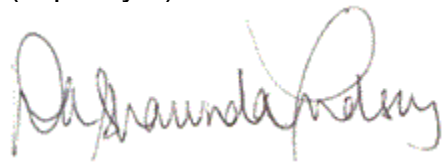
Ms. Julian acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Julian 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 6).



09/29/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:

Approved By:



10/12/2022

Denise Y. Nunn
Area Manager

Date