



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 1, 2024

Josie Byrd
Family 1st Home Health Care, LLC
29361 Murray Crescent Dr.
Southfield, MI 48076

RE: Application #: AS630418148
Family 1st Home Health Care LLC
29361 Murray Crescent Dr
Southfield, MI 48076

Dear Josie Byrd:

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 that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418148
Licensee Name:	Family 1st Home Health Care, LLC
Licensee Address:	29361 Murray Crescent Dr. Southfield, MI 48076
Licensee Telephone #:	(248) 470-2663
Licensee Designee:	Josie Byrd
Administrator:	Lisa Hill
Name of Facility:	Family 1st Home Health Care LLC
Facility Address:	29361 Murray Crescent Dr Southfield, MI 48076
Facility Telephone #:	(248) 470-2663
Application Date:	01/07/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

01/07/2024	On-Line Enrollment
01/10/2024	PSOR on Address Completed
01/10/2024	Contact - Document Sent Forms sent
01/11/2024	Contact - Document Sent Sent email requesting a copy of the IRS letter
01/12/2024	Contact - Document Received IRS Letter
01/16/2024	Contact - Document Received RI030, AFC 100, MC
01/16/2024	Contact - Document Sent Sent email requesting a completed 1326.
01/17/2024	Contact - Document Received 1326
01/24/2024	Application Incomplete Letter Sent
02/05/2024	Contact - Document Received Permission to inspect, proof of ownership, physical, policies and procedures
02/07/2024	Contact - Document Received Staffing pattern, organizational chart, evacuation plan, floor plan
02/22/2024	Inspection Completed On-site
02/22/2024	Inspection Completed-BCAL Sub. Compliance
03/06/2024	Inspection Completed On-site
03/06/2024	Inspection Completed-BCAL Full Compliance
03/20/2024	Contact - Document Received Physical/TB for administrator, budget, and verification of experience
03/21/2024	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Family 1st Home Health Care LLC is located in a residential area at 29361 Murray Crescent Dr., Southfield, MI 48076. The home is a ranch style home with four bedrooms, two full bathrooms, a kitchen, living room, dining room, great room, and office area. There is an additional full bathroom attached to bedroom #2 and a half bathroom that will be utilized by staff and visitors.

Family 1st Home Health Care LLC is located less than five miles away from Corewell Health William Beaumont University Hospital- Royal Oak, which includes a 24/7 emergency department. The Southfield Police Department responds to emergency calls from the home.

The furnace and hot water heater are located in a furnace room in the basement. The furnace room is equipped with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The laundry room is also located in the basement. There is wood paneling and a drop ceiling in the basement, which were verified to have a fire rating of Class C or above. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has two fireplaces, which will not be used. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is not qualified for admission of residents who use a wheelchair, as it is not equipped with ramps at both means of egress.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	17.8 x 14.8	263.4	2
2	13 x 13	169	2
3	12 x 10.4	124.8	1
4	10.5 x 9.9	103.95	1

Total capacity: 6

The living room, dining room, and great room areas offer a total of over 1120 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate six 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 Family 1st Home Health Care LLC were reviewed and accepted as written. Family 1st Home Health Care LLC will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week to males and females, aged 50 and above. Family 1st Home Health Care LLC will provide long term care to the aged population, including individuals with dementia and Alzheimer's disease, as well as to individuals with traumatic brain injuries (TBI), developmental disabilities, and mental illness.

Family 1st Home Health Care LLC will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Family 1st Home Health Care LLC will provide memory care services for those who suffer from dementia or Alzheimer's disease. Trained staff will provide services such as: music therapy, recreational and physical activities, and discussion groups. In order to ensure the safety of the residents, all exit doors will be equipped with an audible alarm.

Family 1st Home Health Care LLC will offer additional in-home services that are available through community resources such as visiting physicians, visiting nurses, physical and occupational therapy, and speech therapy.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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.

C. Applicant and Administrator Qualifications

The applicant is Family 1st Home Health Care, LLC, which is a "Domestic Limited Liability Company", established in Michigan on 01/18/2024. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Family 1st Home Health Care, LLC appointed Josie Byrd as the licensee designee and Lisa Hill as the administrator of the facility. Ms. Byrd and Ms. Hill have provided

documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Byrd and Ms. Hill were previously approved and are currently acting as licensee designee and administrator of the licensed adult foster care small group home, Family 1st Sunnypoint (AS630400562).

The licensee designee, Josie Byrd, has a Bachelor of Science degree in health services administration and a Master of Jurisprudence degree in health law. She has over 10 years of experience as a case manager, coordinating and providing services to individuals with disabilities, including traumatic brain injuries. She also has over a year of experience as a direct in-home caregiver for the elderly/Alzheimer's population and has over a year of volunteer experience in a licensed home for individuals with mental illness and/or developmental disabilities.

The administrator, Lisa Hill, has a Bachelor of Science degree in business management and a Master of Science degree in Health Services Administration. She has worked at Family 1st (Sunnypoint) since it was initially licensed in 2018 and has over one year experience as a direct in-home caregiver for the elderly/Alzheimer's and TBI populations. She also has over a year of volunteer experience in a licensed home for individuals with mental illness and/or developmental disabilities.

Licensing record clearance requests were completed for Ms. Byrd and Ms. Hill. Ms. Byrd and Ms. Hill submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Byrd 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. Byrd acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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 (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Byrd acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Byrd 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, Ms. Byrd acknowledged the responsibility to maintain a current employee record on file in the

home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Byrd acknowledged the 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.

Ms. Byrd 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.

Ms. Byrd acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Byrd acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Family 1st Home Health Care, LLC.

Ms. Byrd 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Byrd 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.

Ms. Byrd 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.

C. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Family 1st Home Health Care LLC, with a capacity of six (6) residents.

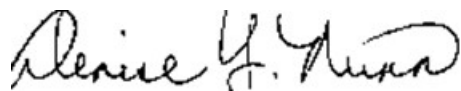


03/21/2024

Kristen Donnay
Licensing Consultant

Date

Approved By:



04/01/2024

Denise Y. Nunn
Area Manager

Date