



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 7, 2024

Joshua Cheff  
JJS AFC LLC  
3017 Fenton Rd.  
Flint, MI 48507

RE: License #:	AL250304175
Investigation #:	2024A0872035 JJS AFC LLC

Dear Joshua Cheff:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250304175
<b>Investigation #:</b>	2024A0872035
<b>Complaint Receipt Date:</b>	04/18/2024
<b>Investigation Initiation Date:</b>	04/18/2024
<b>Report Due Date:</b>	06/17/2024
<b>Licensee Name:</b>	JJS AFC LLC
<b>Licensee Address:</b>	3017 Fenton Rd. Flint, MI 48507
<b>Licensee Telephone #:</b>	(810) 441-8415
<b>Administrator:</b>	Joshua Cheff
<b>Licensee Designee:</b>	Joshua Cheff
<b>Name of Facility:</b>	JJS AFC LLC
<b>Facility Address:</b>	3017 Fenton Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 820-3737
<b>Original Issuance Date:</b>	07/27/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/18/2024
<b>Expiration Date:</b>	03/17/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

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**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The home manager usually leaves the facility at 5pm, leaving 1 staff in charge of the residents until bedtime at 8pm.	Yes
The residents smoke marijuana and crack around the facility. The residents have sex with each other and do whatever they want.	No
The facility has an out-of-control bedbug infestation.	No
The owners hunt deer and serve the venison to the residents.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

04/18/2024	Special Investigation Intake 2024A0872035
04/18/2024	APS Referral This complaint was referred by APS but was not assigned for investigation
04/18/2024	Special Investigation Initiated - On Site Unannounced
04/19/2024	Contact - Document Sent I emailed the licensee designee requesting information related to this complaint
04/22/2024	Contact - Document Received AFC documentation received from licensee designee
06/04/2024	Inspection Completed-BCAL Sub. Compliance
06/05/2024	Exit conference I conducted an exit conference with the licensee designee, Joshua Cheff

**ALLEGATION:** The home manager usually leaves the facility at 5pm, leaving 1 staff in charge of the residents until bedtime at 8pm.

**INVESTIGATION:** On 04/18/24, I conducted an unannounced onsite inspection at JJS Adult Foster Care facility. I interviewed the home managers (HM), Jeff Farnsworth and Bella Cheff, and the licensee designee (LD), Joshua Cheff. I also interviewed Residents A - E.

HM Farnsworth and HM Cheff said that there are currently 20 residents living at this facility and there are always 2 staff working during waking hours. They said that sleeping hours begin at 8pm. HM Farnsworth and HM Cheff told me that they both often work from 8am-8pm each day, including weekends. LD Cheff confirmed that sleeping hours begin at 8pm each night and said that there are always 2 staff working during waking hours.

I asked Resident A how many staff are working at this facility at a time, and she said usually 2. She said that there is 1 staff working nights and confirmed that bedtime is at 8pm. I asked what time dinner is usually served and she said around 5pm. I asked her if there are always 2 staff at the facility between dinner and bedtime and she said that sometimes, HM Farnsworth or HM Cheff will leave the facility right after dinner is served, before 8pm. I asked how many staff are at the facility during that time and she said 1.

Resident B confirmed that Jeff Farnsworth and Bella Cheff are the home managers of this facility and confirmed that bedtime is at 8pm. I asked him how many staff work during the day and he said usually 2. I asked him if there is ever only 1 staff working during waking hours and he said that usually after dinner, HM Farnsworth or HM Cheff leaves the facility and there is only 1 staff working until bedtime.

Resident C said that there are 2 staff working until dinnertime. She said that after dinner, HM Farnsworth or HM Cheff will leave the facility and the remaining 1 staff will help everyone get to bed. She confirmed that bedtime is 8pm and dinner is usually at 5pm. She said that there is always 1 staff working nights.

Resident D said that HM Farnsworth usually leaves the facility at 5pm. She said that HM Cheff leaves at 5pm or 8pm. I asked her how many staff are working after dinner and she said only 1. She said that if HM Farnsworth or HM Cheff stays through dinner, then there are 2 staff. Resident D confirmed that bedtime is 8pm.

Resident E said that there are usually 2 staff working during the day. He said that 1 of the staff cooks and passes medications and the other staff "cleans all day." Resident E confirmed that bedtime is 8pm. He said that sometimes, there is only 1 staff working after dinner until bedtime but said, "things run smoothly."

I reviewed the staff schedules from February 26 through April 21 and noted that there are 2 staff scheduled to work every day from 8am-8pm. I reviewed the Resident Register and noted that there are currently 20 residents living at this facility.

On 09/20/23, I completed SIR #2023A0872072 and substantiated R 400.15206(1), regarding inadequate staffing in the facility. The licensee designee, Joshua Cheff submitted a corrective action plan dated 10/03/23 stating that he will ensure that there will not be less than 1 direct care staff to 15 residents during waking hours.

On 06/05/24, I conducted an exit conference with the licensee designee, Joshua Cheff. I discussed the results of my investigation and explained which rule violations I am substantiating. He said that he does not believe that the residents are left alone with 1 staff between dinner and bedtime. I asked him to complete and submit a corrective action plan upon the receipt of my investigation report.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</b>
<b>ANALYSIS:</b>	<p>HM Farnsworth, HM Cheff, and LD Cheff said that there are always 2 staff working during waking hours until bedtime which is 8pm.</p> <p>Residents A – E stated that sometimes, there is only 1 staff working after 5pm until bedtime at 8pm.</p> <p>I reviewed the staff schedule which shows that there are always 2 staff scheduled to work during waking hours.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED Ref. SIR #2023A0872072. CAP dated 10/04/23.</b>

**ALLEGATION:** The residents smoke marijuana and crack around the facility. The residents have sex with each other and do whatever they want.

**INVESTIGATION:** On 04/18/24, I conducted an unannounced onsite inspection at JJS Adult Foster Care facility. I interviewed the home managers (HM), Jeff Farnsworth and Bella Cheff, and the licensee designee (LD), Joshua Cheff. I also interviewed Residents A, B, C, D, and E.

HM Farnsworth, HM Cheff, and LD Cheff said that the residents are not allowed to “do whatever they want.” They said that they have never discovered the residents having sex with each other and none of the other staff have not reported anything like that. HM Farnsworth, HM Cheff, and LD Cheff also said that the residents are not allowed to smoke marijuana or crack or use any drugs in or around the facility.

Residents A - E all stated that they have never witnessed any of the residents having sex with each other. They also said that they have never observed any of the residents smoke marijuana and/or crack or use drugs in the facility. Resident C said that one of the residents used to smoke crack and marijuana outside of the facility but said, “That was a long time ago and he got booted out of here.” Resident D said that the male residents are not allowed in the female residents’ rooms. Resident E said that the male residents are not allowed in the female residents’ rooms and said, “We’re not allowed to kiss or nothing. We’re all just friends here.”

<b>APPLICABLE RULE</b>	
<b>R 400.15305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	HM Farnsworth, HM Cheff, LD Cheff, and Residents A – E all stated that the residents do not have sex with each other, and they do not use drugs on or around the property.  I conclude that there is insufficient evidence to substantiate this rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** The facility has an out-of-control bedbug infestation.

**INVESTIGATION:** On 04/18/24, I conducted an unannounced onsite inspection at JJS Adult Foster Care facility. I interviewed the home managers (HM), Jeff Farnsworth and Bella Cheff, and the licensee designee (LD), Joshua Cheff. I also interviewed Residents A, B, C, D, and E.

According to HM Farnsworth and HM Cheff, the facility has struggled with bed bugs in the past, but the owner has the facility professionally treated every month. HM Cheff said that the last time the facility was treated was 04/11/24. HM Cheff and HM Farnsworth said that they have not seen any evidence of bed bugs and none of the residents have complained about bed bugs.

Resident A said that she has observed bed bugs in the past, but she has not seen any bed bugs in a while. Resident B said that he has seen bed bugs “sometimes but not a lot” and does not remember the last time he saw any. Resident C said that she sees bed bugs “once in a while” but said that she does not see them very often. Resident D told me that she has not seen bed bugs “in a while” and does not remember the last time she saw any. Resident E said that he sees bed bugs “sometimes” because some of the other residents bring in clothes “off the street” that have bed bugs on them. Residents A-E all confirmed that the facility is sprayed monthly for bed bugs and none of them feel the bed bugs are a problem. LD Cheff confirmed that he has the facility sprayed for bed bugs once per month to control any potential problems.

On 04/22/24, I received documentation regarding this complaint. I reviewed the invoices from Orkin pest control company and noted that the facility was treated monthly from January 2024 through March 2024. LD Cheff stated in the email that the April 2024 invoice has not yet been received.

<b>APPLICABLE RULE</b>	
<b>R 400.15401</b>	<b>Environmental health.</b>
	<b>(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.</b>
<b>ANALYSIS:</b>	<p>HM Farnsworth, HM Cheff, and LD Cheff said that the facility has had bed bug problems in the past, but the facility is professionally treated monthly.</p> <p>Residents A – E said that they have seen bed bugs in the past, but they have not seen any recently.</p> <p>I reviewed invoices from Orkin pest control company and verified that the facility is sprayed for bed bugs monthly.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: The owners hunt deer and serve the venison to the residents.**

**INVESTIGATION:** On 04/18/24, I conducted an unannounced onsite inspection at JJS Adult Foster Care facility. I interviewed the home managers (HM), Jeff Farnsworth and Bella Cheff, and the licensee designee (LD), Joshua Cheff.

HM Farnsworth, HM Cheff, and LD Cheff said that the owners are all hunters and they do serve the residents venison on occasion. LD Cheff said that in addition to venison, the residents are also served hamburger, pork, chicken, and other protein. LD Cheff



said that none of the residents have ever complained about not liking venison. LD Cheff told me that he has his venison processed by a licensed Michigan butcher. I asked HM Farnsworth, HM Cheff, and LD Cheff if the venison meat is commercially packaged, and they said no. LD Cheff said that he has served venison in this AFC facility for years and thought that if it was processed by a licensed butcher, it was acceptable under AFC Licensing rules.

On 04/22/24, I received an email from LD Cheff. He stated, “The venison meat we serve is available seasonally and is processed by a state-licensed butcher. Additionally, our establishment offers a selection of beef, turkey, pork, and fish.”

On 06/05/24, I conducted an exit conference with the licensee designee, Joshua Cheff. I discussed the results of my investigation and explained which rule violations I am substantiating. He also said that he did some research, and his interpretation of the food service rule is that as long as his family is not selling the meat to the facility and instead are donating it, it meets the rule requirements. I asked him to complete and submit a corrective action plan upon the receipt of my investigation report.

<b>APPLICABLE RULE</b>	
<b>R 400.15402</b>	<b>Food service.</b>
	<b>(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome, and free from spoilage, adulteration, and misbranding.</b>
<b>ANALYSIS:</b>	<p>HM Farnsworth, HM Cheff, and LD Cheff said that the owners are hunters, and the facility sometimes serves the residents venison.</p> <p>LD Cheff said that the deer meat is processed by a licensed Michigan butcher, but it is not commercially processed.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** During my investigation, I obtained staff schedules from February 26, 2024, through April 21, 2024. I noted the following:

- Full staff names are not indicated, only their first name.
- Staff job titles are not indicated.
- The hours worked each day by each staff is not clear.

<b>APPLICABLE RULE</b>	
<b>R 400.15208</b>	<b>Direct care staff and employee records.</b>
	<b>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (b) Job titles.</b>
<b>ANALYSIS:</b>	<p>During my investigation, I obtained staff schedules from February 26, 2024, through April 21, 2024. I noted the following:</p> <ul style="list-style-type: none"> <li>• Full staff names are not indicated, only their first name.</li> <li>• Staff job titles are not indicated.</li> <li>• The hours worked each day by each staff is not clear.</li> </ul> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 06/05/24, I conducted an exit conference with the licensee designee, Joshua Cheff. I discussed the results of my investigation and explained which rule violations I am substantiating. I asked him to complete and submit a corrective action plan upon the receipt of my investigation report.

#### IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

*Susan Hutchinson*

June 5, 2024

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

June 6, 2024

Mary E. Holton Area Manager	Date
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