



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2024

Maureen Pakalapati
Jollys AFCH, LLC
PO BOX 100
Berrien Springs, MI 49103

RE: Application #: AS110418259
Jollys Care
4739 Kimber Lane
Berrien Springs, MI 49103

Dear Maureen Pakalapati:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110418259
Applicant Name:	Jollys AFCH, LLC
Applicant Address:	4739 Kimber Lane Berrien Springs, MI 49103
Applicant Telephone #:	(269) 815-5225
Licensee Designee:	Maureen Pakalapati
Administrator:	Maureen Pakalapati
Name of Facility:	Jollys Care
Facility Address:	4739 Kimber Lane Berrien Springs, MI 49103
Facility Telephone #:	(269) 815-5535
Application Date:	02/13/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/13/2024	Enrollment
02/15/2024	Application Incomplete Letter Sent
02/15/2024	PSOR on Address Completed
02/15/2024	Inspection Report Requested - Health
02/15/2024	Contact - Document Sent - Forms sent
02/26/2024	Contact - Document Received 1326 - RI030 not completed, AFC 100
02/26/2024	Contact - Document Sent emailed licensee designee Maureen Pakalapati informing her the RI030 is not completed.
02/26/2024	Application Incomplete Letter Sent
02/28/2024	Contact - Document Received RI030
03/12/2024	File Transferred to Field Office
03/25/2024	Inspection Completed-Env. Health: A
04/25/2024	Application Incomplete Letter Sent Corrections noted in Line 14
05/29/2024	Application Incomplete Letter Sent
08/30/2024	Comment Ms. Pakalapati emailed asking about her small group home license. Ms. Pakalapati stated the report was submitted sometime in 6/24 to licensing consultant Cassandra Duursma.
09/04/2024	Comment I emailed Ms. Pakalapati and informed her I have received all the required enrollment documentation and requested a phone call to set up a date and time to complete an Original onsite inspection.

09/06/2024	Contact - Telephone call received from Ms. Pakalapati to schedule the Original onsite inspection. The inspection was scheduled for 10/3/24 at 2:00 p.m.
09/06/2024	Application Complete/On-site Needed
10/03/2024	Inspection Completed On-site
10/03/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Jollys Care is a single-story ranch with wood-frame construction located in a subdivision in Oronoko township, just outside the Village of Berrien Springs. The lower level of the facility is partially finished but will not be used by residents.

The home was originally constructed as a family home with a separate apartment on one side, so it is equipped with two kitchens on the main level. The apartment side of the home will be utilized by the licensee designee and other direct care staff members (DCSMs) and contains a locked medication closet and laundry facilities.

The main area of the home has a large fully equipped kitchen with eat-in dining area large enough to seat all occupants at one time. There are two full bathrooms in the main area for resident use, and three resident bedrooms large enough to accommodate double occupancy.

The lower level or basement contains the water-furnace and water heaters. There is a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware separating the main floor from the lower level. The water-furnace was recently inspected, and repairs completed on 9/26/24. The facility has two newer water heaters that were installed on 2/11/22 and inspected on 9/26/24 with no issues noted.

The facility has a nice sized backyard where residents can enjoy the outdoors and driveway for staff and visitor parking. The facility is not wheelchair accessible as it has a step at the main entrance and no ramp. The applicant does not plan to admit residents with impaired physical mobility requiring assistive devices such as a wheelchair or walker.

The facility has a capacity of six residents and does not require inspections by the Bureau of Fire Services (BFS). I confirmed the facility met all fire safety rules and regulations during the Original onsite inspection on 10/3/24. The facility is equipped

with interconnected battery-powered, single station smoke and carbon monoxide detectors which have been installed near each sleeping area and in the basement near the water-furnace. The smoke and carbon monoxide detectors were installed by a licensed professional and meet fire safety standards. I ensured the smoke detector system was fully operational during the original onsite inspection. The facility has fire extinguishers on each floor and DCSMs are aware of their locations and trained how to properly use them. I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary.

The home has a private well and sewer and septic system. Kendall's Septic and Sewer Service, Inc. inspected the facility's sewer and septic system on 4/10/24 and found no evidence of malfunction. The Berrien County Health Department completed an Environmental Health Inspection on 3/25/24 and determined the facility was in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'7" x 11'2"	153	2
2	16'1" x 11'8"	190	2
3	12' x 11	132	2

Given the sizes of the bedrooms and two residents per room, the facility's bedroom space meets the required 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 398 square feet of living space. This greatly exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six female residents between 18 and 99 years of age who are physically handicapped and/or developmentally disabled.

The applicant's program statement indicates Jollys Care is a specialized Adult Foster Care home designed to meet the needs of female adults from the ages of 18 and older. At Jollys Care, specialized services are designed and provided to meet the needs and wishes of individuals who are mentally ill and/or developmentally delayed.

The facility is contracted with Riverwood Community Mental Health and Area on Aging Agency.

Jollys Care prioritizes the safety, health, and satisfaction of their residents. The residents' families, guardians/payees, licensee designee/administrator, DCSMs, and case managers all play a significant role in the level of care and services provided to the residents and are all part of the care team. The care team identifies both facility and community support and services required by the residents based on the goals that are identified during the time of admission or assessment. At the time of admission, a care agreement is signed between the resident or resident's guardian and the licensee designee identifying the length of the care, the services provided, and the cost of the services.

Services in the home include, but are not limited to:

- supervision, meal service, personal care, in-home activities such as games and art, etc.
- Services in the community include, day programs, school, outings, appointments, etc.

DCSMs at Jollys Care have competencies and skills needed to carry out the necessary services as required by licensing and specified in employee job descriptions. DCSMs' job descriptions are available for review upon request.

The main goal of Jollys Care is to provide residents with quality specialized care in an enjoyable home setting. Jollys Care provides 24-hour care and services designed to assist the resident with daily living and related activities based on individual needs and requests.

Jollys Care offers long-term guidance by providing personal care, protection, and supervision in addition to room and board, as well as uplifting promoting and supporting services in a home-based setting.

The facility will provide the following services:

- 24-hour care to each resident.
- Three home cooked meals daily. In between meals snacks will be provided. Dietary restrictions will be implemented in meal/snack preparation.
- Daily assistance in bathing, dressing and personal hygiene by a DCSMs of the opposite sex, if a member of the same sex is not available.
- Showers will be provided.
- Hygiene products, towels for bathing and all bedding and linens will be provided throughout a resident's stay at the facility.

- Laundry services.
- Phone service.

The facility will provide the following services from outside the home:

- The option for residents to receive in-home nurse and doctor visits.
- Transportation for medical and non-medical transportation needs.

The facility is in a residential area and has restaurants, parks, shopping centers, recreational activities, public library, hospitals, physicians, and other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of the residents living at the facility.

C. Applicant and Administrator Qualifications

The applicant is Jollys AFCH, LLC. The applicant submitted a letter from the Department of the Treasury - Internal Revenue Service (IRS) listing the applicant's Employer Identification Number (EIN). The applicant submitted a proposed annual budget statement projecting expenses and income to demonstrate the financial capability to operate this Adult Foster Care (AFC) small group home.

The applicant appointed Maureen Pakalapati to be the licensee designee and administrator for this facility. Mrs. Pakalapati has sufficient credentials, experience, and the required training to work in these capacities as she has provided direct care services to residents with the desired program types for approximately two decades and has owned and operated an AFC family home since 7/5/16. Mrs. Pakalapati earned a Bachelor of Arts degree from Andrews University on 5/5/13. She currently holds a Master of Arts Degree in Counseling Psychology. A current licensing record clearance, medical clearance, and tuberculosis (TB) test are on file for Mrs. Pakalapati. Mrs. Pakalapati has sufficient experience with required AFC licensing records and documentation. Mrs. Pakalapati provided a current Adult First Aid/CPR/AED Certificate of Completion.

Mrs. Pakalapati has sufficient experience caring for individuals who suffer from mental illness and developmental delays and understands the specific behavioral, physical, and emotional needs of these vulnerable populations.

The personnel policies, job descriptions, admission/discharge policy, financial projections, staff files, paperwork required for resident files, emergency plans, staff training modules and program description were reviewed and met licensing requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one DCSM per six residents on each shift. The applicant

acknowledged that the DCSM to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those DCSMs that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet or medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each DCSM or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and DCSM or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created

for each resident to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with impaired physical mobility requiring a wheelchair to ambulate will not be admitted because the facility is not handicapped accessible.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

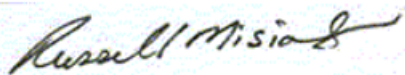


10/7/24

Rodney Gill
Licensing Consultant

Date

Approved By:



10/16/24

Russell B. Misiak
Area Manager

Date