



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 12, 2024

Sydney Pugh
SJ Flower House LLC
208 Cramner Rd
Charlotte, MI 48813

RE: Application #: AL080418111
SJ Flower House
9950 S Clark Rd
Nashville, MI 49073

Dear Sydney Pugh:

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 15 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 #:	AL080418111
Licensee Name:	SJ Flower House LLC
Licensee Address:	208 Cramner Rd Charlotte, MI 48813
Licensee Telephone #:	(269) 274-8437
Administrator:	Julie Jordan
Licensee Designee:	Sydney Pugh
Name of Facility:	SJ Flower House
Facility Address:	9950 S Clark Rd Nashville, MI 49073
Facility Telephone #:	(269) 274-8437
Application Date:	12/11/2023
Capacity:	15
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

05/16/2023	Inspection Completed-Fire Safety : A-Please refer to AL080402219
12/11/2023	On-Line Enrollment
12/14/2023	Contact - Document Sent forms sent
12/14/2023	PSOR on Address Completed
12/14/2023	Inspection Report Requested - Health
12/26/2023	Contact - Document Received AFC 100 for Sydney
01/04/2024	Contact - Telephone call made emails getting kicked back, no answer at phone, found another email address listed and sent another attempt
01/17/2024	Inspection Completed-Env. Health: A
03/11/2024	Contact - Document Received
03/28/2024	Contact - Document Sent- email requesting receipt for FPs - unable to locate
04/03/2024	File Transferred To Field Office
04/04/2024	Application Incomplete Letter Sent
04/24/2024	Contact - Document Received-Facility Records
05/08/2024	Contact - Document Received-Facility Records
05/13/2024	Contact - Document Received-Facility Inspections
05/18/2024	Contact - Document Received-Licensee/ Administrator Records
05/29/2024	Contact - Document Received-Zoning Approval Letter
05/31/2024	Application Complete/On-site Needed
05/31/2024	Inspection Completed On-site
06/06/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 2019 and is now undergoing a change in licensee or a change in ownership.

SJ Flower House is a one-story wood stick built framed home containing 3336 square feet which sits on twenty acres in the center of a farming community. The home has a country atmosphere with a peaceful view of open fields, cattle grazing, and family-owned farms and woods. The long-covered porch of the facility is furnished with rocking chairs and the back of the facility also has a sitting porch. The facility is located in rural Barry County but is located within 25 miles of several larger cities where residents can access medical treatment, entertainment, and other goods and services.

The home has a large entryway which looks onto a spacious living room with lift chairs along with a large movie and television center. The home has a large dining room off the living room connected to a large well-furnished open kitchen. There are 14 private resident bedrooms and one of these resident bedrooms are large enough to accommodate a married couple equipped with a full private resident bathroom which includes a walk-in shower. There are three full bathrooms equipped with a walk-in shower for resident use. The home has a full finished basement which includes a staff office, laundry room, and staff bathroom. Residents will not occupy the basement. The home is wheelchair accessible and has four approved means of egress that are all at grade. The home utilizes a private water supply and sewage system which were inspected by the Barry-Eaton District Health Department on 1/17/2024 and was determined to be in compliance with all applicable rules.

There are two gas powered water heaters and two propane powered furnaces located inside a utility room in the basement. The door separating the water heater and furnaces from the rest of the home is outfitted with a 20-minute fire rated metal door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas throughout the main floor of the home, in the basement and near all flame- or heat-producing equipment and is fully sprinkled. On 5/3/2023, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative 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	12' x 14'	168	1

2	12' x 14'	168	1
3	14' x 14'	196	1
4	14' x 16'	224	2
5	14' x 14'	196	1
6	14' x 14'	196	1
7	14' x 14'	196	1
8	14' x 14'	196	1
9	10' x 14'	140	1
10	10' x 13' + 9' x 7'	193	1
11	11' 2" x 13'	145	1
12	11' 2" x 13'	145	1
13	11' 2" x 13'	145	1
14	11' 2" x 13'	145	1

The indoor living and dining areas measure a total of 650 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 15 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 15 male and/or female residents who are aged and have Alzheimer's Disease. For residents who have been diagnosed with Alzheimer's Disease or related conditions, a plan of care will be developed at time of admission with the interdisciplinary team which includes a physician and the SJ Flower House registered nurse. All doors in the home have alarms that will sound when opened. The program will include a home exercise program, foot care, accommodations for special diets, creative activities, entertainment, bible study, a music program, pet therapy, game nights, movie nights, birthday and holiday celebrations and a visiting beautician. An experienced nurse and physical therapist are on staff at the facility. Home help and hospice services can be coordinated if needed. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques. The applicant does not intend to accept residents who are an elopement risk or display serious physical aggression or destruction of property.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc.). These resources provide an environment to enhance the quality of life.

C. Applicant and Administrator Qualifications

The applicant is SJ Flower House, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 5/20/2024. 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 SJ Flower House, L.L.C. have submitted documentation appointing Sydney Pugh as licensee designee for this facility and Julie Jordan as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. Sydney Pugh and Julie Jordan submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Sydney Pugh and Julie Jordan have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Sydney Pugh worked as a direct care staff member at this facility under the previous licensee for over three years and has experience providing home help services to aged populations in the private setting. Julie Jordan has worked as a certified nurse assistant for over 15 years and has worked with the aged population in both private and nursing home setting for over 10 years. Sydney Pugh and Julie Jordan both have more than one year experience working directly with individuals diagnosed with Alzheimer’s Disease while working under the previous licensee.

The staffing pattern for the original license of this 15 bed facility is adequate and includes a minimum of 2 staff for 15 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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 direct care staff that have received medication training and have been determined competent by the 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.

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 direct care staff 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 direct care staff 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 the 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 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 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 mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care group home with a capacity of 15.



Ondrea Johnson
Licensing Consultant

6/6/2024
Date

Approved By:



06/12/2024

Dawn N. Timm
Area Manager

Date