



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2025

David Goolsby
Jackson Healing Clinic Adult Foster Care
2020 Cascade Dr.
Jackson, MI 49203

RE: Application #: AS380417942
Jackson Healing Clinic Adult Foster Care
712 Franklin St
Jackson, MI 49201

Dear David Goolsby:

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 4 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 "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380417942
Licensee Name:	Jackson Healing Clinic Adult Foster Care
Licensee Address:	712 Franklin St Jackson, MI 49201
Licensee Telephone #:	(517) 867-2386
Licensee Designee:	David Goolsby
Administrator:	David Goolsby
Name of Facility:	Jackson Healing Clinic Adult Foster Care
Facility Address:	712 Franklin St Jackson, MI 49201
Facility Telephone #:	(734) 273-9681
Application Date:	10/10/2023
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/10/2023	On-Line Enrollment
10/11/2023	PSOR on Address Completed
10/11/2023	Contact - Document Sent forms sent
11/01/2023	Contact - Document Received - AFC100 for Matthew Morgan, RI030 for David G.
11/08/2023	License Unit file referred for background check review ICHAT hit for Goolsby sent to Candace Coburn.
11/17/2023	Application Incomplete Letter Sent
01/17/2024	Inspection Completed On-site
01/17/2024	Inspection Completed-BCAL Sub. Compliance
04/18/2024	Inspection Completed On-site
04/29/2024	Contact - Document Received - Photos of interior finish
07/31/2024	Contact - Telephone call received- Progress regarding the facility and info still needed.
08/05/2024	Contact - Document Received- Facility documents, menus, personnel policy, and Crisis Disaster Response Plan
08/21/2024	Contact - Document Received - Email from David Goolsby
08/26/2024	Contact - Document Sent - Email to David Goolsby.
10/08/2024	Inspection Completed On-site
10/08/2024	Inspection Completed-BCAL Sub. Compliance
10/25/2024	SC-Application Received - Original
01/16/2025	Contact - Document Received - Non-profit paperwork.
02/13/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearances, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This facility is a two-story home and has a Michigan basement. The primary entrance for residents is located in the front of the facility, facing south. This entrance is equipped with steps and handrails. The second required means of egress is accessed through a door in the kitchen, which leads to another door, then outside. The second required means of egress is equipped with a small step, leading to the back yard of the facility. The facility is not wheelchair accessible.

The primary entrance opens to the living room. The dining area and Bedroom #1 are on the left, and Bedroom #2 and the kitchen are to the right. There is a full bathroom located to the right of the kitchen. The stairway leading to the second floor is accessed from the living room. Bedroom #3 and a full bathroom are located upstairs.

The washer, dryer, and heat plant are in the basement. The basement is accessed through a door, located in the kitchen. The door leading to the heat plant is a 90-minute door; and it is equipped with a positive latching hardware.

The gas furnace has been inspected and approved by an inspector. A copy of the service check report is contained within the licensing file. The heating plant also contains the gas fired water heater, which is equipped with a device that assures a constant hot water temperature. This facility is air conditioned. The facility is equipped with a fireplace, and the applicant has indicated in writing that a fireplace will not be utilized.

The facility is equipped with an interconnected, hardwired, battery backup, smoke detection system and is in good operating condition. The applicant provided the most recent inspection report. Smoke detectors are located on all levels of the facility and in required areas of the home.

An on-site inspection verified the facility was in compliance with all applicable environmental health administrative licensing rules. The facility has a public water supply and sewage disposal system. A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	10'3" x 12'4"	126 sq. ft.	1
Bedroom # 2	13'8" x 6'9"	92 sq. ft.	1
Bedroom # 3	13'2" x 10'5"	137 sq. ft.	2

The indoor living and living areas, (excluding the bedrooms) measure a total of 332 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 4 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 4 male or female ambulatory residents who are 18 years of age or older, whose diagnosis is developmentally disabled or mentally ill. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Jackson Healing Clinic AFC strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, CMH Specialized Residential funding, and Medicaid personal care. Residents will be referred from Lifeways.

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of individuals with a mental health and/or developmental disability diagnosis, as set forth in their *Assessment Plans for AFC Residents* and in their individual plans of service. 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.

In addition to the above program elements, the applicant intends to utilize local community resources, including but not limited to, attending community programs and local churches, bingo, utilizing the local walking and biking trails, shopping, movies, board games, and other community activities.

C. Applicant and Administrator Qualifications

The applicant is Jackson Healing Clinic Adult Foster Care and is a "Domestic Non-Profit Corporation" which was formed on August 30, 2023. A review of this corporation on the State of Michigan Department of Licensing and Regulatory Affairs' website

demonstrates it has an active status, and that David Goolsby is the Resident Agent. 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. David Goolsby is the president of this corporation, and he and the board have stated in writing the appointment of himself, as the licensee designee and the administrator for the facility.

A criminal background check of David Goolsby was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Goolsby submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Goolsby has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. He has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 4-bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 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 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 of 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 valuable 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 residents' 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.

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 of 4.

Mahtina Rubritius

02/13/2025

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

Dawn Timm

02/13/2025

Dawn N. Timm
Area Manager

Date