



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2025

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

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

Dear Mrs. Pakalapati:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may 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
(517)980-1433
gillr@michigan.gov

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

I. IDENTIFYING INFORMATION

License #:	AS110418259
Licensee Name:	Jollys AFCH, LLC
Licensee Address:	4739 Kimber Lane Berrien Springs, MI 49103
Licensee 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
Original Issuance Date:	10/16/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/17/25

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 3/25/24

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and concurrent special certification for mentally ill and developmentally disabled residents.



3/18/25

Rodney Gill
Licensing Consultant

Date