



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 30, 2007

Jolly Raj
4886 Kimber Lane
Berrien Springs, MI 49103

RE: Application #: AF110290212
Jolly's Home
4886 Kimber Lane
Berrien Springs, MI 49103

Dear Ms. Raj:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF110290212

Applicant Name: Jolly Raj

Applicant Address: 4886 Kimber Lane
Berrien Springs, MI 49103

Applicant Telephone #: (269) 471-1983

Administrator/Licensee Designee: N/A

Name of Facility: Jolly's Home

Facility Address: 4886 Kimber Lane
Berrien Springs, MI 49103

Facility Telephone #: (269) 471-1983
05/02/2007

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

05/02/2007	Enrollment
05/15/2007	Inspection Report Requested - Health 1012379
05/15/2007	Application Incomplete Letter Sent 1326 for Maureen Jensen.(sent to Silver Spring, MD 20904 address)
06/25/2007	Inspection Completed-Environmental Health : A
06/25/2007	Contact - Document Received rec. cl. from previous state for Maureen
06/25/2007	Application Complete/On-site Needed
06/29/2007	Application Incomplete Letter Sent
08/22/2007	Contact - Document Received support documents
10/17/2007	Inspection Completed On-site
11/29/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with a full basement located in a residential subdivision in Berrien Springs. Resident sleeping and living areas are on the main floor, as is the kitchen. The licensee and family reside in the basement, which is equipped with egress windows.

This facility does not have ramps and is not accessible to individuals in wheelchairs.

Three resident bedrooms, all with sufficient space for two residents, are located in one hallway. Residents will share a full bathroom. Residents also have a living room, dining room, and kitchen, as well as a three seasons room available to them on the main floor. In addition, a fourth private bedroom with a bathroom is available if a resident requires a private room, although the census may not go over six residents.

This facility has a private well and septic system. The Berrien County Health Department conducted an inspection and gave both systems as "A" rating on June 13, 2007 indicating substantial compliance with applicable rules.

The facility has battery-operated smoke detectors as required by family home licensing rules. The applicant has provided documentation that interior finishes meet Class C fire ratings.

B. Program Description

The applicant has stated a preference to care for males and females with diagnoses of developmental disability or mental illness, or the elderly. The applicant intends to apply for special certification.

Jolly Raj is the licensee and an occupant of the home. Her adult daughter and 16-year-old son also reside in the home. Their sleeping quarters are located in the basement of the home.

Ms. Raj and her adult daughter have demonstrated good moral character and do not have criminal records in Michigan. Both have submitted evidence of physical health and TB test results.

Ms. Raj will be the primary care giver. Saramani Jayaraman has been identified as a responsible person to provide care in Ms. Raj's extended absence.

Ms. Raj was provided technical assistance on the statutory requirements (Section 400.734(b) of PA 218) pertaining to the hiring or contracting of persons who provide direct services to residents.

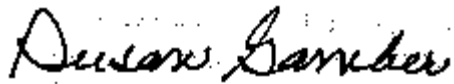
Technical assistance was provided to the applicant on the Act and administrative rule requirements related to home, resident and employee record keeping, including the handling and accounting of resident funds.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules. Compliance with resident care rules will be evaluated once a license is issued and residents are in care.

IV. RECOMMENDATION

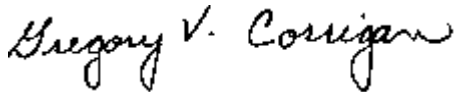
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



Susan Gamber
Licensing Consultant

November 30, 2007
Date

Approved By:



Gregory V. Corrigan
Area Manager

November 30, 2007
Date