



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 19, 2010

Janette Shallal  
Kadima Jewish Support Services For Adults with MI  
15999 W. Twelve Mile Rd.  
Southfield, MI 48076

RE: Application #: AS630310213  
Sharon Lane  
29390 Sharon Lane  
Southfield, MI 48076

Dear Ms. Shallal:

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 (248) 975-5053.

Sincerely,

Mildred A. Schwarcz, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 1000  
28 N. Saginaw  
Pontiac, MI 48342  
(248) 972-9131

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630310213
<b>Applicant Name:</b>	Kadima Jewish Support Services For Adults with MI
<b>Applicant Address:</b>	15999 W. Twelve Mile Rd. Southfield, MI 48076
<b>Applicant Telephone #:</b>	(248) 559-8235
<b>Administrator/Licensee Designee:</b>	Janette Shallal
<b>Name of Facility:</b>	Sharon Lane
<b>Facility Address:</b>	29390 Sharon Lane Southfield, MI 48076
<b>Facility Telephone #:</b>	(248) 996-6185
<b>Application Date:</b>	09/08/2010
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

09/08/2010	Enrollment
10/04/2010	Application Incomplete Letter Sent
10/08/2010	Application Complete/On-site Needed
10/20/2010	Inspection Completed On-site
10/20/2010	Inspection Completed-BCAL Sub. Compliance
11/03/2010	Application Incomplete Letter Sent Refer to confirming letter
11/10/2010	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The proposed facility is a two level, colonial style house with a two car attached garage. It is of brick structure with aluminum siding. The facility has a concrete driveway which allows for adequate off street parking for staff and visitors. The facility has a covered front porch and a rear deck. It has a spacious yard. The facility is located in a residential neighborhood in the city of Southfield. The neighborhood has similar style single family dwellings.

The first floor consists of one single occupancy resident bedroom, a living room, a dining room, a kitchen, a family room, a full bathroom with a shower, and the laundry room. The second level consists of three single occupancy resident bedrooms, one double occupancy resident bedroom and two full bathrooms. The basement is finished and will only be accessed by residents for recreational activities.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a one hour fire resistance rating. It has a 1¾ inch solid core 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6"x11'	127	1
2	13'6"x9'+3'6"x12'	164	1
3	11'x12'	132	1
4	13'6"x9'6"	128	1
5	20'x14'	280	2

The living and dining room areas measure a total of 348 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Community Network Services, Easter Seals, and MORC, Inc.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The applicant is Kadima Jewish Support Services for Adults with Mental Illness, a "Non Profit Corporation" established in Michigan on 05/14/1984. On 9/8/2010, the corporation submitted an application to provide adult foster care services at 29390 Sharon Lane, Southfield, Michigan. The corporation currently operates three licensed adult foster care small group homes in Oakland County, Michigan. It is the corporation's intent to close the license of Cass Lake Home/AS630267321 and relocate the residents to Sharon Lane.

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 Board of Directors of Kadima Jewish Support Services for Adults with Mental Illness has submitted documentation appointing Janette Shallal as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), Cogent Systems, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

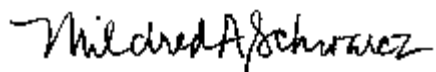
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file. The applicant acknowledges their 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

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



11/19/2010

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Mildred A. Schwarcz  
Licensing Consultant

Date

Approved By:



11/19/2010

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Denise Y. Nunn  
Area Manager

Date