



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

June 7, 2013

Kimberly Nichols  
Joyner Home LLC  
PO Box 04030  
Detroit, MI 48204

RE: Application #: AS820338755  
Joyner Home I  
5522 Webb St  
Detroit, MI 48204

Dear Mrs. Nichols:

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste. 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820338755

**Applicant Name:** Joyner Home LLC

**Applicant Address:** PO Box 04030  
Detroit, MI 48204

**Applicant Telephone #:** (313) 891-6897

**Administrator/Licensee Designee:** Kimberly Nichols, Designee

**Name of Facility:** Joyner Home I

**Facility Address:** 5522 Webb St  
Detroit, MI 48204

**Facility Telephone #:** (313) 931-4544

**Application Date:** 02/28/2013

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

02/28/2013	Enrollment
02/28/2013	Application Incomplete Letter Sent Kimberly needs to have fingerprint's done.
03/15/2013	Application Incomplete Letter Sent
04/12/2013	Contact - Telephone call made Ms. Robinson called and spoke with Ms. Nichols to schedule an onsite inspection on 04/26/2013.
04/19/2013	Application Complete/On-site Needed
04/26/2013	Inspection Completed On-site
04/26/2013	Inspection Completed-BCAL Sub. Compliance
05/15/2013	Inspection Completed On-site
05/30/2013	Inspection Completed On-site
05/30/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Joyner Home I adult foster home is located on the west side of Detroit off I-96 and Livernois. The facility is a large two-story brick and aluminum -sided home on a residential lot. The main floor of the home has a dining room, living room, kitchen, a full bath and two bedrooms. The second floor of the home has an office, conference room, living room, a full bath, and two bedrooms.

The home is not wheel chair accessible and therefore cannot house anyone that is non-ambulatory.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire 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 Sq. Ft	Total Resident Beds
1 <sup>st</sup> floor NE	10.58 x 12	126.96 sq.ft.	1
1 <sup>st</sup> floor NW	10.92 x 12	131.04 sq.ft.	2
2 <sup>nd</sup> floor NE	12 x 11.83	141.96 sq.ft.	2
2 <sup>nd</sup> floor NW	11.08 x12	132.96 sq.ft.	1

The living, dining, and conference room areas measure a total of 452 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **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 or mentally impaired, 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: (Gateway, and Synergy Partners).

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 Joyner Home, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/20/2005. 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 Joyner Home, L.L.C., has submitted documentation appointing Kimberly Nichols as licensee designee and administrator of the facility.

A licensing record clearance request was completed and the licensee and administrator is of good moral character. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules for working with the mentally ill, and developmentally delayed.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to-6 residents per shift. All staff shall be awake during sleeping hours.

The licensee and administrator 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 AFC adult small group home capacity 6.



06/03/2013

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Pandrea Robinson  
Licensing Consultant

Date

Approved By:



06/07/2013

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Ardra Hunter  
Area Manager

Date