



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 18, 2013

David and Janet Jylha
225 CR 480
Negaunee, MI 49866

RE: Application #: AF520338326
Jylha Home
225 CR 480
Negaunee, MI 49866

Dear David and Janet Jylha:

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 2 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 (906) 226-4171.

Sincerely,

Laura Dupras, Licensing Consultant
Bureau of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF520338326
Applicant Name:	David and Janet Jylha
Applicant Address:	225 CR 480 Negaunee, MI 49866
Applicant Telephone #:	(906) 401-0030
Administrator/Licensee Designee:	N/A
Name of Facility:	Jylha Home
Facility Address:	225 CR 480 Negaunee, MI 49866
Facility Telephone #:	(906) 401-0030 01/17/2013
Application Date:	
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/17/2013	Enrollment
01/28/2013	Application Incomplete Letter Sent needs 1326 and fingerprints
02/05/2013	Inspection Completed-Env. Health : C
02/25/2013	Inspection Completed On-site
02/27/2013	Application Incomplete Letter Sent
05/20/2013	Inspection Completed-Env. Health : A 1021156
06/07/2013	Application Complete/On-site Needed
06/10/2013	Inspection Completed On-site
06/10/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a 2 story home owned by David and Janet Jylha. This is a new adult foster care home licensed for 2 residents. There is a new ramp that has been added to the home to make it handicap accessible. The home has applied for a special certification which will be granted at the time of licensing.

The home is located in a quiet country setting. The home is located on County Road 480 in Negaunee Township. The home is about 15 minutes from case management agencies, medical, dental, psychological and psychiatric services. The community hospitals, shopping centers and recreational opportunities are all reasonably close to the home.

There are 3 bedrooms in the home but the family is only licensing the bedroom on the first floor at this time. There are 2 very large bedrooms on the second floor and 1 bedroom may be considered for residents at another time.

Bedroom 1 12'x12'9" or 154 square feet Double occupancy

The bathroom is located on the first floor and is barrier free. The living room 23'x12' or 276 square feet is located on the first floor. The kitchen is 10'x17' or 170 square feet and is located on the first floor.

The furnace is located in the basement and fully enclosed with the appropriate fire safety requirements. The residents will not be using the basement.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 2 residents over the age of 18 who are mentally ill, developmentally disabled, or physically handicapped. There will be at least 1 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

The facility has been found in full compliance with fire safety and environmental health.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. and Mrs. Jylha. They have submitted medical clearance request documents which include current negative TB results and that there are no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

Mr. and Mrs. Jylha acknowledge an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. and Mrs. Jylha has provided documentation to satisfy the qualifications and training requirements identified in the family home administrative rules. The applicants acknowledge an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicants acknowledge 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 applicants 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 applicants acknowledge 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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

The applicant s acknowledge 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.

C. Rule/Statutory Violations

The facility was found to be in substantial compliance with licensing rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home with a capacity of 1-2 residents.



06/18/2013

Laura Dupras
Licensing Consultant

Date

Approved By:



06/19/2013

Mary E Holton
Area Manager

Date