



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 19, 2013

Ira Combs, Jr
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: Application #: AS380315756
Hill Place Home
1025 Hill Place
Jackson, MI 49202

Dear Mr. Combs, Jr:

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 3 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 (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380315756
Applicant Name:	Christ Centered Homes, Inc.
Applicant Address:	327 West Monroe Street Jackson, MI 49202
Applicant Telephone #:	(517) 788-9231
Administrator	Ira Combs, Jr.
Licensee Designee:	Ira Combs, Jr.
Name of Facility:	Hill Place Home
Facility Address:	1025 Hill Place Jackson, MI 49202
Facility Telephone #:	(517) 795-1603
Application Date:	10/07/2011
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/07/2011	Enrollment
10/24/2011	Contact - Document Sent Rules & Act booklets
10/24/2011	Lic. Unit file referred for criminal history review Ira C.
06/12/2012	Application Complete/On-site Needed
06/20/2012	Inspection Completed-BCAL Sub. Compliance
06/25/2012	Application Incomplete Letter Sent
07/23/2012	Contact - Document Received
05/06/2013	Inspection Completed On-site
05/08/2013	Application Incomplete Letter Sent sent again due to applicant reporting not received.
05/08/2013	Inspection Completed-BCAL Sub. Compliance
05/20/2013	Inspection Completed On-site
05/23/2013	Inspection Completed-BCAL Sub. Compliance
06/07/2013	Contact- Document Sent- Confirming letter sent
06/21/2013	Contact- Document Received- CAP received.
07/02/2013	Application Incomplete Letter Sent
07/10/2013	Contact- Document Received- Email from Department of Community Health
07/12/2013	Contact- Document Received- Email from Department of Community Health- update on collaboration request
07/18/2013	Contact- Document Received- Email from Department of Community Health- update on collaboration request
07/22/2013	Contact- Document Received- Email from Department of Community Health- update on collaboration request
08/02/2013	Contact- Telephone call made to Philip Hoffman –regarding measurement of room

08/07/2013

Contact- Document Received Text message received regarding the room measurements

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hill Place Home is an aluminum-sided, small two-story facility located in the city of Jackson, Michigan. The facility has a small front porch where residents can sit to enjoy the outdoors as well as a small front yard and back yard accessible to residents. The three resident bedrooms and the full resident bathroom are located on the second floor of the facility. The resident living area, dining area, small computer room, and kitchen are located on the main floor. The facility does not have laundry services available on-site but will provide residents the opportunity to do their laundry on at least a weekly basis. There is an unfinished basement which is not available for resident use. The facility is not wheelchair accessible. The main entrance to the facility enters into the resident living area and dining area and the second exit is located off of living area and leads to the back yard. The facility utilizes the public water supply and public sewage disposal system.

The gas furnace is located in the basement of the facility along with the water heater. Floor separation is created by a metal fire rated door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery-powered, single-station smoke detectors that have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment. The facility also has fire extinguishers on each floor of the home and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	10'0" x 9'0"	90 square feet	One resident
Room #2	12'9" x 9'0"	114.75 square feet	One resident
Room #3	9'9" x 6'9"	65.81 square feet	One resident
Living Area	11'0" x 18'6"	203.5 square feet	
Dining Area	11'3" x 12'0"	135 square feet	

The indoor living and dining areas measure a total of 338.5 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

A variance request was granted for Bedroom #3, as this bedroom does not meet the required square footage (80 square feet) for a single occupancy resident bedroom. This variance was approved with the condition that if/when the bedroom is no longer occupied, either the capacity will decrease to two residents or the bedroom will be remodeled to meet the required minimum square footage. Based on the above information, this facility can accommodate three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three female residents who are diagnosed with mentally illness and/or are developmentally disabled and fully ambulatory. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation as needed. The applicant intends to accept referrals from Lifeways CMH.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, local parks, shopping centers, churches, and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Rule/Statutory Violations

The applicant is Christ Centered Homes, Inc., which is a "Non Profit Corporation", established in Michigan in June 1989. 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 Christ Centered Homes, Inc. has submitted documentation appointing Bishop Ira Combs Jr. as licensee designee and administrator for this facility. A criminal history background check of Bishop Ira Combs Jr., applicant and administrator, was completed and he was determined to be of good moral character to provide licensed adult foster care. Bishop Combs Jr. submitted statements from a physician documenting his good health and current negative tuberculosis test result.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Bishop Ira Combs Jr. has worked as the administrator and licensee designee in his other licensed AFC facilities for the past 23 years and has experience working with individuals diagnosed with developmental disabilities and/or mental illness. He has also worked closely with the local community mental health office to develop fee for service contracts.

The staffing pattern for the original license of this three bed facility is adequate and includes a minimum of two staff for three residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of three residents.



09/19/2013

Dawn N. Timm
Licensing Consultant

Date

Approved By:



9/19/13

Betsy Montgomery
Area Manager

Date