



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

February 22, 2016

Jerry Ussery  
16555 Griggs  
Detroit, MI 48221

RE: Application #: AS820370246  
Michigan State Care AFC  
16555 Griggs St.  
Detroit, MI 48221

Dear Mr. Ussery:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, denial of issuance of a license is recommended. You will be notified in writing of the Agency's intention and your options for resolution of this matter.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

Kara Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Suite 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820370246
<b>Applicant Name:</b>	Jerry Ussery
<b>Applicant Address:</b>	16555 Griggs Detroit, MI 48221
<b>Applicant Telephone #:</b>	(313) 377-0860
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Michigan State Care AFC
<b>Facility Address:</b>	16555 Griggs St. Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 915-2538
<b>Application Date:</b>	12/17/2014
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/17/2014	Enrollment
12/23/2014	Contact - Document Sent Rule & ACT books
12/23/2014	Application Incomplete Letter Sent Page 3 & 4 sent back for completion and Fingerprints/1326 for Jerry Ussery & Bielinda Jackson
01/28/2015	Contact - Document Received Completed Application and 1326/Fingerprints & Medical/TB's for Jerry Ussery and Bielinda Jackson
01/29/2015	Licensing Unit file referred for criminal history review Bielinda Jackson
02/10/2015	Application Complete/On site needed
02/10/2015	File Transferred To Field Office (Detroit)
03/19/2015	Application Incomplete Letter Sent
06/15/2015	Contact – Telephone call made Mr. Ussery verbally requested to have co-applicant Bielinda Jackson removed from the application.
06/18/2015	Contact - Document Received Mr. Ussery requested to have co-applicant removed in writing
06/26/2015	Contact - Document Sent Mailed app changes to Dana Treirweiler
07/07/2015	Comment Removed Bielinda Jackson's name as co-applicant per written statement signed by both Bielinda & Jerry Ussery
08/13/2015	Inspection Completed On-site Physical plant violations exist (home under renovation; needs painting, has deadbolt locks, and lots of fire safety issues)
10/15/2015	Inspection Completed On-site Outstanding physical plant violations
10/16/2015	Inspection Completed On-site Smoke detector missing in the heat plant
11/17/2015	Inspection Completed-BCAL Sub. Non-Compliance

Mr. Ussery has not submitted verification of training and exp.

12/11/2015

Exit Conference – Jerry Ussery  
Shared department findings and recommendations; denial of issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Michigan State Care AFC home is located in a residential neighborhood on Detroit's northwest side. This colonial style home is made up of 2 floors, not including the basement. On the main floor there is a living room, separate dining room, staff office/nook, and a ½ bath that sits off from the kitchen. The bedrooms (3) and full bath are on the home's upper level.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up that was installed by a licensed contractor and is fully operational.

The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.92 X 11	109	1
2	12.5 X 11.33	142	2
3	9.33 X 7.66 + 2.75 X 5.75	88	1

The living, dining, and sitting room areas measure a total of 422 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 **four** (4) 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 **four** (4) 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, Consumer Link, 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**

On 11/17/15, I conducted an onsite inspection at the facility. While there, I notified Mr. Ussery that his application was incomplete because he failed to submit several supporting documents, including his training and experience.

On 12/10/15 at approximately 4:45pm, Mr. Ussery hand delivered what would be the remainder of his supporting materials to the Detroit office.

Upon review of Mr. Ussery's training certificates, I determined he does not meet all the training requirements as specified in the rules. Specifically, Mr. Ussery only submitted training certificates for completion of Adult CPR and First Aid.

Upon review of Mr. Ussery's resume which outlines his work history and volunteer activity dating back to June 1998, I determined he does not possess 1 year of experience working with the mentally ill and developmentally disabled populations as identified in the home's Program Statement. Reportedly, Mr. Ussery volunteered at the Camelot Hall convalescent center from Jan 2014 – Jan 2015. The attached reference letter cited completion of "1,500 hours of community service at Camelot Hall, with the Activity Department"; the letter is signed by Activity Director, Lavetra Shaw.

On 12/11/15, I phoned Lavetra Shaw at Camelot Hall to verify his volunteer hours. Ms. Shaw confirmed Mr. Ussery volunteered at Camelot Hall for 1 year. However, she stated he solely worked under her supervision in the "activities department". When

asked to explain Mr. Ussery's role and responsibilities in the activity department, she indicated he did the following:

- 1) transport wheelchair residents to/from the dining room, lobby, or beauty shop, 2) distribute personal mail to residents, and 3) pass snacks to residents or provide entertainment at social events like birthday parties. When asked if Mr. Ussery provided direct care to residents, Ms. Shaw acknowledged he was never responsible for directly caring for residents. She indicated that a person would have to go through the facility's nursing department to assist with their direct care.

Therefore, based on these findings, Mr. Ussery only has 1500 hours of experience working with dependent adults when the department defines 1 year as at least 2000 hours. In addition, Mr. Ussery's volunteer experience focused on the aged population; he has not provided proof of experience working with the mentally ill or developmentally disabled populations which is the population he intends to care for according to his Program Statement.

#### **D. Rule/Statutory Violations**

**R 400.14201                      Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**

- (3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:
- (a) Nutrition.
  - (d) Foster care, as defined in the act.
  - (e) Safety and fire prevention.
  - (f) Financial and administrative management.
  - (g) Knowledge of the needs of the population to be served.
  - (h) Resident rights.
  - (i) Prevention and containment of communicable diseases.

Mr. Ussery failed to demonstrate competency in the required training modules.

**VIOLATION ESTABLISHED**

