



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

July 15, 2003

Wills Dixon
7320 Lansing Ave
Jackson, MI 49201

RE: Application #: AF380257231
Pleasant Manor AFC
7320 Lansing Ave.
Jackson, MI 49201

Dear Mr. Dixon:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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, please feel free to contact Betsy Montgomery, Area Manager, at (517) 780-7656.

Sincerely,

Mary E Holton, Licensing Consultant
Bureau of Family Services
Suite 200
209 E Washington
Jackson, MI 49201
(517) 780-7482

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF380257231
Applicant Name:	Wills Dixon
Applicant Address:	7320 Lansing Ave Jackson, MI 49201
Applicant Telephone #:	(517) 796-1598
Administrator/Licensee Designee:	N/A
Name of Facility:	Pleasant Manor AFC
Facility Address:	7320 Lansing Ave. Jackson, MI 49201
Facility Telephone #:	(517) 796-1598
Application Date:	12/12/2002
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/12/2002	Enrollment
05/09/2003	Inspection Report Requested - Health
05/27/2003	Inspection Completed-Env. Health : B
06/02/2003	Contact - Document Received Written request from licensee to change name of facility to Pleasant Manor AFC.
06/09/2003	Contact - Document Sent CAP letter sent re: B environ.
06/11/2003	Contact - Face to Face Conferred with Dennis Kaufman regarding current family home/other information regarding facility.
06/19/2003	Inspection Completed On-site Need verification of furnace inspection, need environmental approval, need fireplace to be inspected, need updated health appraisal for licensee and spouse.
06/19/2003	Inspection Completed-BFS Sub. Compliance
06/26/2003	Inspection Report Sent
07/01/2003	Contact - Telephone call made Request made for license to include Sandra Dixon.
07/01/2003	Inspection Completed-Env. Health : A
07/02/2003	Contact - Document Received Verification furnace is in safe operating condition by Heating Company.
07/07/2003	Contact - Document Received Statement received from Mr. Dixon requesting Mrs. Dixon not be included as a licensee.
07/14/2003	Contact – Document Received Statement received from Mr. Dixon indicating previous children’s foster care license.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Physical Plant

The facility is a ranch style duplex that was formerly licensed in its entirety as a family home by another licensee. A two-hour fire barrier now divides the facility with the south end of the facility being utilized as the family home license. The north end of the facility is separate and is licensed as a small group home by a different licensee, however, Mr. Dixon owns the entire facility.

The facility is sided in a stained brown wood siding. It has a flat roof and a paved driveway. The front entrance to the facility opens to the facility corridor that connects to the dining room and the south hallway. The dining room is connected to a large living area. The dining room measures 432 square feet and living area measures 556 square feet. There are two exits established as means of egress during an evacuation, one on the east side of the facility which is also the front door and the other on the northwest side of the facility. There are several additional sliding glass doors to facilitate exiting the facility. The first floor kitchen is fully equipped and located east of the dining room.

There are three resident bedrooms and a bathroom located on the south side of the corridor. Bedroom #1 and Bedroom #2 each measure 166 square feet. Bedroom #3 measures 167 square feet. Each bedroom is adequately supplied and will adequately accommodate 2 residents. All bedrooms are equipped with a window or sliding glass door to allow for an emergency egress.

There is a full bathroom in the area of the three resident bedrooms.

There is a bedroom located north of the kitchen, which is currently being utilized as a staff sleeping area with a connecting bathroom.

There is an additional living area, kitchen, bathroom and bedroom located in the basement of the facility where the licensee and his wife will be residing. The basement has an exit up the stairway and also out to the garage.

The furnace is located in the basement, and the basement door is equipped with a self-closing 2 and $\frac{3}{4}$ inch door. The furnace was inspected by a professional heating company and found to be in good working condition.

Mr. Dixon is currently leasing the north side of the facility to Ms. Wireman, who is licensed and operating a small adult foster care group home.

2. Sanitation.

The facility has a private water and sewer supply. The Jackson County Public Health Department gave the facility a full approval on 7/2/2003.

Emmons Disposal Service provides garbage removal on a weekly basis.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm system. The system was recently inspected and approved by Guardian Alarm. There are an adequate number of fire extinguishers located on both floors of the facility. Mr. Dixon has submitted a statement indicating he will not utilize the fireplace. Mr. Dixon also indicated in writing that if he decides to utilize the fireplace, he will first have it inspected by a licensed chimney inspector and after securing a successful inspection will notify this department in writing along with a copy of the approved inspection.

B. Program Description

1. Administrative structure and capability:

Wills Dixon is the applicant and will be the licensee for the facility. Mr. Dixon is currently employed as a psychologist for the State Prisons of Southern Michigan. Mr. Dixon reported 6 months to one year working as a nursing assistant at a hospital in the 1980s. Mr. Dixon recently providing direct care to residents at an adult foster care home from December 2002 to July, 2003. Mr. Dixon has a Ph. D in Educational Administration, a Master of Arts Degree in Developmental Psychology and a Bachelor's Degree in Theology/ History.

The application and supporting documentation have been reviewed and found to be in substantial compliance with the rules and regulations pertaining to the administrative capabilities of the applicant.

Financial statements and a proposed annual budget have been submitted and reviewed.

2. Program Information:

The program statement for the facility states that the facility will admit men and women over 19 years of age to 93 years of age who may be developmentally disabled, physically handicapped or mentally ill, or aged. Smoking is permitted outside of the facility only. The facility cannot accommodate wheelchairs.

3. Facility and Responsible Person(s) Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for designated responsible persons to follow. Responsible person records were reviewed by the consultant and are found to be in compliance.

The licensing medical clearance request form indicates the licensee received a physical appraisal on 6/20/03, and a TB test completed on 10/24/02 was found to be negative. Mr. Dixon's spouse completed her physical on 6/20/03, and a TB test completed on 10/18/02 was found to be negative. A responsible person who is also residing at this home received a health care appraisal on 4/23/03, and a TB test completed on 1/12/01 and was found to be negative.

Emergency plans for medical emergencies, fire, facility repairs and severe weather have been reviewed and found acceptable.

Resident records will be retained at the facility at all times. Responsible person records will be maintained at the facility location.

C. Conclusion:

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC family home (capacity 1-6 residents).

Mary E Holton Date
Licensing Consultant

Approved By:

Betsy Montgomery Date
Area Manager