



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 5, 2016

Maureen Raj  
4739 Kimber Lane  
Berrien Springs, MI 49103

RE: Application #: AF110378263  
Jolly's Care  
4739 Kimber Lane  
Berrien Springs, MI 49103

Dear Ms. Raj:

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 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant  
Bureau of Community and Health Systems  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF110378263

**Applicant Name:** Maureen Raj

**Applicant Address:** 4739 Kimber Lane  
Berrien Springs, MI 49103

**Applicant Telephone #:** (269) 471-1983

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Jolly's Care

**Facility Address:** 4739 Kimber Lane  
Berrien Springs, MI 49103

**Facility Telephone #:** (269) 471-1983

**Application Date:** 03/30/2015

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

03/30/2015	Enrollment
04/07/2015	Contact - Document Sent Rules & Act booklets
06/26/2015	Inspection Report Requested - Health Inv. #1024465
06/26/2015	Application Incomplete Letter Sent SOS for Maureen; rec cl for Mike
07/16/2015	Contact - Document Received Rec cl for Mike
07/17/2015	Comment SOS for Maureen - Ok
07/17/2015	Application Complete/On-site Needed
08/13/2015	Application Incomplete Letter Sent
11/17/2015	Inspection Completed-Env. Health : A
01/08/2016	Inspection Completed On-site
01/12/2016	Inspection Completed-BCAL Sub. Non-Compliance
01/12/2016	Application Incomplete Letter Sent
06/13/2016	Inspection Completed On-site
06/13/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

**Jolly's Home** is a single-story ranch with wood-frame construction located in a subdivision in Oronoko township, just outside the Village of Berrien Springs. The lower level is partially finished but will not be regularly used by residents. The lower level also contains the water-furnace and water heater. The home was originally constructed as a family home with a separate apartment on the side, so it is equipped with two kitchens on the main level. The apartment side of the home will be utilized by the licensee but will also contain the locked medication closet and laundry facilities. The main area of

the home has a large, fully-equipped kitchen with eat-in dining area large enough to seat all occupants at one time. There are two full bathrooms in the main area for resident use, and two resident bedrooms for two residents each. The home is not wheelchair accessible as it has a step at the main entrance and no ramp. The home has a private septic system and private well for water.

The home has a water furnace for heat which was recently inspected and serviced by a water furnace company and a gas water heater which 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. The facility is equipped with battery-powered, single station smoke detectors which have been installed near each sleeping area and in the basement near the furnace.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" X 11	151	2
2	16 X 11'6"	184	2
3		Provider Use	0
4	10'6" X 11'9"	123	1

The living, dining, and sitting room areas measure a total of 367 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male or female ambulatory residents, age 18 and up, whose diagnosis is developmentally disabled or mentally ill. The applicant intends to accept residents from Berrien County DHHS and Riverwood Mental Health Authority.

### **C. Applicant and Responsible Person Qualifications**

A record clearance was completed with no convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance with statements from a physician documenting good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment and savings.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. The applicant intends to hire staff in addition to having family assistance to provide the required level of supervision and care needed. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this five-bed family home, there is adequate supervision with one responsible person on-site for five residents. The applicant acknowledges that the number of responsible persons-on-site-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant 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)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked closet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person or volunteer working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteer.

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

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their 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 required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights and agrees to respect and safeguard these 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

#### **D. Rules or Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 5).

*Karen Hays*

06/28/2016

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Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

7/5/16

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Betsy Montgomery  
Area Manager

Date