



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

January 26, 2015

Mohan and Sara Jayaraman
Sylva Villas, L.L.C.
680 Larkspur Pl
St. Joseph, MI 49085

RE: Application #: AS110362299
Sara's
8825 Meadow Lane
Berrien Springs, MI 49103

Dear Mr. and Mrs. Jayaraman:

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 5 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 (616) 356-0100.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS110362299

Applicant Name: Sylva Villas, L.L.C.

Applicant Address: 680 Larkspur Pl
St. Joseph, MI 49085

Applicant Telephone #: (269) 281-0428

Administrator/Licensee Designee: Sara Jayaraman

Name of Facility: Sara's

Facility Address: 8825 Meadow Lane
Berrien Springs, MI 49103

Facility Telephone #: (269) 473-1729
06/18/2014

Application Date:

Capacity: 5

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

| | |
|------------|--|
| 06/18/2014 | Enrollment |
| 06/20/2014 | Contact - Document Sent Rules & Act booklets |
| 06/20/2014 | Inspection Report Requested - Health Invoice #1023166 |
| 06/20/2014 | Application Incomplete Letter Sent Record clearance for Mohan Jayaraman |
| 06/25/2014 | Contact - Document Received Received clearance for Mohan Jayaraman |
| 06/26/2014 | Application Complete/On-site Needed |
| 08/11/2014 | Inspection Completed-Environmental Health : A |
| 09/26/2014 | Application Incomplete Letter Sent |
| 10/29/2014 | Inspection Completed On-site |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sylva Villa's is a single story ranch-style home with a full basement and attached garage located in a residential neighborhood. The home is within walking distance of the village of Berrien Springs. This facility is not wheelchair accessible. This facility has three resident bedrooms; two for double occupancy and one for a single occupant. The living room provides 296 square feet of space and the dining room has 127 square feet of space for a total of 423 square feet which provides adequate square footage of living space for five residents. Employees will live in the fully-furnished basement of the facility, which will not be occupied or used by residents. The basement contains bedrooms, a kitchen and a living room or common area. Smoking will be allowed in designated areas outside the facility.

This home has one full bathroom and a half bath on the main level for shared resident use.

The home has municipal water through the village of Berrien Springs and a septic system. The gas-fired, forced air furnace is located in the basement and there is a 1 3/4" solid-core wood door with a self-closing device at the top of the stairs for appropriate fire separation. An inter-connected, hard-wired smoke detection system is installed and maintained. The home is in compliance with fire safety rules and with rules to meet

Special Certification status. This home has been licensed as a small group home since 1995 to Sara Jayaraman who is a partner and co-owner of Sylva Villas LLC and who will serve as the Licensee Designee.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 11' 4" X 12'79" | 142 SF | 2 |
| 2 | 12' 7" X 13' 3" | 167 SF | 2 |
| 3 | 11' 6" X 10' 5" | 119 SF | 1 |

The living, dining, and sitting room areas measure a total of 423 square feet of living space. This complies with the 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 plans to admit male and female individuals who are at least 18 years of age and who are aged, mentally ill, physically handicapped or developmentally disabled. The applicant has applied for special certification status and intends to accept individuals under contract with Riverwood Mental Health Authority. The facility has operated under Special Certification status since 2008. The licensee will accept private pay or state rate payment.

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 in addition to room and board in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Berrien County-DHS, Berrien County CMH, and individuals under a contractual agreement with Berrien County CMH (Riverwood Mental Health).

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 activities and equipment. It is the intent of this facility to utilize local community resources including public schools

and libraries, local museums, shopping centers, day programs, support centers, local parks and other activities as available and appropriate for the individual.

C. Applicant and Administrator Qualifications

The applicant is Sylva Villas, L.L.C., which is a “Domestic Limited Liability Company”, which was established in Michigan on 02/18/2014. 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. Mr. and Mrs. Jayaraman who own Sylva Villas, L.L.C. have owned and operated several small and medium group homes since 1995. The home is under a lease agreement between Bharath L.L.C and Sylva Villas, L.L.C.

The members of Sylva Villas, L.L.C. have submitted documentation appointing Sara Jayaraman as Licensee Designee for this facility and Mohan Jayaraman as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee and administrator have submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The licensee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one-staff-to-five residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 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 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 acknowledges their 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 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, 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 that are 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 residents' 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. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

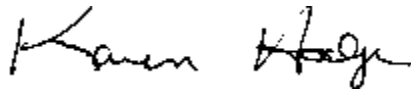
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with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

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.

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

IV. RECOMMENDATION

I recommend a temporary license be issued to this Adult Foster Care small group.
Capacity five (5)



01/26/2015

Karen Hodge
Licensing Consultant

Date

Approved By:



01/26/2015

Leon M. Hale
Area Manager

Date