



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 1, 2018

Josie Byrd
Family 1st Residential Rehab, LLC
24340 Sunnypoint Dr.
Southfield, MI 48033

RE: Application #: AS630382383
Family 1st (Sunny Point)
24340 Sunnypoint Dr.
Southfield, MI 48033

Dear Ms. Byrd:

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 4 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS630382383
Applicant Name:	Family 1st Residential Rehab, LLC
Applicant Address:	24340 Sunnypoint Dr. Southfield, MI 48033
Applicant Telephone #:	(248) 470-2663
Licensee Designee:	Josie Byrd
Name of Facility:	Family 1st (Sunny Point)
Facility Address:	24340 Sunny Point Southfield, MI 48033
Facility Telephone #:	(313) 671-7250
Application Date:	04/04/2016
Capacity:	4
Program Type:	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

04/04/2016	Enrollment
04/14/2016	Application Incomplete Letter Sent FP, RI-030.
04/14/2016	Contact - Document Sent Act & Rules.
05/06/2016	Contact - Document Received RI-030.
05/10/2016	Lic. Unit file referred for background check review FP&SC-Yes/Lisa.
05/12/2016	Application Complete/On-site Needed
05/12/2016	File Transferred To Field Office Pontiac.
05/16/2016	Contact - Document Received Licensing file received from Central office
05/25/2016	Application Incomplete Letter Sent
06/27/2016	Contact - Document Received Lisa-Signed letter requesting Facility Type/Address change to AF in lieu of this Small Group app.
08/17/2016	Inspection Completed On-site
08/17/2016	Inspection Completed-BCAL Sub. Compliance
08/24/2016	Corrective Action Plan Received
08/24/2016	Corrective Action Plan Approved
08/24/2016	Inspection Completed-BCAL Full Compliance
03/08/2017	Comment Application reassigned from F. Townsend
03/15/2017	Contact - Telephone call received Call from Josie Byrd- application status; requested additional documentation missing from file

03/21/2017	Contact - Document Received Received documents- program statement, admission/discharge policy, employee handbook, standard procedures, emergency contact, business plan, budget, job description, staffing flow chart
03/27/2017	Contact - Telephone call made Conference call with Lisa Hill and Josie Byrd- discussed missing documentation, need to qualify licensee designee and administrator
03/27/2017	Application Incomplete Letter Sent Email to Lisa Hill and Josie Byrd
04/12/2017	Contact - Document Received Training verification
04/25/2017	Application Incomplete Letter Sent
10/09/2017	Contact - Document Received Physical, TB testing results
11/08/2017	Inspection Completed On-Site
11/08/2017	Inspection Completed-BCAL Sub. Compliance
11/08/2017	Confirming Letter Sent
11/08/2017	Corrective Action Plan Requested and Due on 11/23/17
11/14/2017	Contact- Document Received Revised documents - program statements, admission, discharge policy
11/22/2017	Corrective Action Plan Received CAP Compliance Verification
01/10/2018	Inspection Completed On-site
01/12/2018	Contact- Document Received Updated program statements, admission, discharge policy
03/01/2018	Contact- Document Received
03/01/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Family 1st (Sunny Point) is located in a residential area at 24340 Sunnypoint Dr., Southfield, MI 48033. The home is a ranch style home with an attached single car garage. The home has three bedrooms, one and a half bathrooms, a kitchen, living room, dining room, family room, and a laundry room.

Family 1st (Sunny Point) is located 5 miles away from Providence-Park Hospital, which includes a 24/7 emergency department. The Southfield police department responds to emergency calls from the home.

The furnace and hot water heater are located in a room in the garage with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer and it was between 105-120° F.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is not qualified for admission of residents who use a wheelchair, as it is not equipped with ramps. Door alarms are installed on each outside door of the home, providing a noise alert when opened.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.75 x 10.2	99.5	1
2	10.4 x 13.3 – (6.75 x 2.4)	122.1	1
3	11.4 x 13.75	156.75	2

Total capacity: 4

The living room and dining room areas offer a total of 484 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate four 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 Family 1st (Sunny Point) were reviewed and accepted as written. Family 1st (Sunny Point) will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. Family 1st (Sunny Point) will provide long term care to the aged population, including individuals with dementia and Alzheimer's disease and to individuals with traumatic brain injuries (TBI).

Family 1st (Sunny Point) will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Family 1st (Sunny Point) will provide memory care services for those who suffer from dementia or Alzheimer's disease. Trained staff will provide services such as: music therapy, recreational and physical activities, and discussion groups. In order to ensure the safety of the residents, all exit doors are equipped with an audible alarm.

Family 1st (Sunny Point) will offer additional in home services that are available through community resources such as visiting physicians, visiting nurses, physical and occupational therapy, and speech therapy.

The proposed staffing pattern for the original license of this four bed facility is adequate and includes a minimum of one staff to four residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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.

C. Applicant and Administrator Qualifications

The applicant is Family 1st Residential Rehab, LLC, which is a "Domestic Limited Liability Company", established in Michigan on 01/29/2016. The applicant has 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 Family 1st Residential Rehab, LLC has submitted documentation appointing Josie Byrd as the licensee designee and administrator of the facility. Ms. Byrd has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Byrd has a Bachelor of Science degree in health services administration and a Master of Jurisprudence

degree in health law. She has over 10 years of experience as a case manager, coordinating and providing services to individuals with disabilities, including traumatic brain injuries. She also has over a year of experience as a direct in-home caregiver for the elderly/Alzheimer's population. Ms. Byrd has completed the required training including first aid, CPR, environmental emergencies, nutrition, recipient rights, introduction to residential services, working with people, medication administration, and prevention of communicable diseases.

Licensing record clearance requests were completed for Ms. Byrd. Ms. Byrd submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Byrd 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.

Ms. Byrd acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Ms. Byrd acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Byrd 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, Ms. Byrd acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Byrd acknowledged 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.

Ms. Byrd 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.

Ms. Byrd acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Byrd acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Family 1st Residential Rehab, LLC.

Ms. Byrd 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Byrd 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.

Ms. Byrd 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.

C. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of four residents.

Kristen Donnay

03/01/18

Kristen Donnay
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

03/01/2018

Denise Y. Nunn
Area Manager

Date