



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 10, 2018

Queen Ogunedo
Grace Mercy Faith, LLC
2726 Clark Street
Jackson, MI 49202

RE: Application #: AS380391105
Plymouth Street Home
1506 Plymouth Street
Jackson, MI 49202

Dear Ms. Ogunedo:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS380391105
Applicant Name:	Grace Mercy Faith, LLC
Applicant Address:	2726 Clark Street Jackson, MI 49202
Applicant Telephone #:	(517) 414-6615
Administrator/Licensee Designee:	Queen Ogunedo
Name of Facility:	Plymouth Street Home
Facility Address:	1506 Plymouth Street Jackson, MI 49202
Facility Telephone #:	(517) 795-1296
Application Date:	10/23/2017
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/23/2017	Enrollment
10/25/2017	Contact - Document Sent- Rule & Act booklets
10/25/2017	Application Incomplete Letter Sent Federal ID; FP's & RI-030 for Queen (LD & Admin)
11/06/2017	Contact - Document Received Fed ID & RI-030 for Queen (LD & Admin)
11/09/2017	Contact - Document Received Self-Cert Statement for Queen (LD & Admin)
12/08/2017	Application Incomplete Letter Sent
01/24/2018	Inspection Completed-BCAL Sub. Compliance
03/14/2018	Contact - Telephone call received from Francis. He found a stamp on the back of the interior finish to prove the classification level. He will send copies of the documentation.
04/04/2018	Inspection Completed On-site
06/13/2018	Contact - Document Received-corrected paperwork.
06/13/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is located in a residential neighborhood in the City of Jackson.

The facility was built in 1920. It is a two-story home and it has a basement. The primary entrance for residents is located in the front of the facility. This entrance is equipped with a few steps and handrails, leading to the front porch. The second identified resident exit is located off the back of the facility; which is also equipped with steps and a handrail. The facility does not meet the criteria for wheelchair accessibility.

The primary entrance opens to the living room. Bedroom #1 room is located on the right. The living room leads into the dining room and then the kitchen. Bedroom #2 is located to the right of the dining room. The dining room leads to the kitchen on the right, and the full bathroom straight ahead. The second floor is accessed through a hall and stairway from the kitchen. A full bathroom is located on the second floor to the left and Bedroom #3 is on the right. Bedroom #4 is to the left of Bedroom #3.

The basement is accessed through a door in the kitchen. The door leading to the basement is a 90-minute door and is equipped with an automatic self-closing device and positive latching hardware. The laundry room and heat plant are located in the basement.

The basement also contains the furnace, hot water heater, and electrical panel. The gas fired forced air furnace has been recently inspected and is in good operating condition. The electrical panel and service has been inspected and approved by an electrical inspector.

This facility is air conditioned through a central air conditioning unit.

The facility has a public water supply and sewage disposal system.

The facility has a gas fired hot water heater which also contains a device that assures a constant hot water temperature so that it will never exceed 120 degrees Fahrenheit.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in the required areas.

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

Bedroom #	Total Sq. Footage	Total # of Beds
Bedroom #1	85 sq. ft	1
Bedroom #2	92 sq. ft	1
Bedroom #3	73 sq. ft	1
Bedroom #4	187 sq. ft	2

The indoor living and living areas measure a total of 260 square feet (excluding the bedrooms) of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 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 5 male or female residents who are 18 to 75 years of age, are aged or have mental illness, physical handicaps or developmental disabilities.

According to the program statement, Grace Mercy Faith, L.L.C. "is a supportive, nurturing, yet structured home-like environment that is set up to provide Foster Care Services to the elderly, developmentally, intellectually and mentally challenged persons..." The program strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. The applicant will accept referrals for admission from "CMH Services, Adult Community Placement, MPCN, and the general public." The applicant intends to accept individuals with private sources of payment, social security, supplemental security income, and Medicaid personal care. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

According to the Program Statement, the program will "maintain a highly motivated, caring and competent staff that will be able to complete reports, and follow written instructions, as it pertains to the care and supervision of the residents."

In addition to the above program elements, the applicant intends to utilize local community resources such as libraries, shopping centers, churches, YMCA, SNAP-River Tree Program, farmers market, state fairs, baseball games, bowling and the

movies. The facility will also have activities available such as puzzles, bingo, games, gaming systems, music and exercise.

C. Applicant and Administrator Qualifications

The applicant is Grace Mercy Faith, L.L.C., and is a For Profit Domestic Limited Liability Company, which was formed on August 9, 2016. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that United States Corporation Agents, Inc., is the Resident Agent. The applicant submitted a proposed budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Mr. and Mrs. Ogunedo are the two members of the L.L.C., and have provided, in writing, the appointment of Queen Ogunedo, as the licensee designee and the administrator for the facility.

Criminal background checks of Queen Ogunedo and Francis Ogunedo were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. and Mrs. Ogunedo submitted statements from a physician documenting their good health and current tuberculosis test results.

Mr. and Mrs. Ogunedo have both provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. They have also been trained in First Aid and CPR and provided certification of completion.

Mr. Ogunedo began his work experience as a direct care worker in 2005. His work duties and responsibilities included taking residents in the community to attend events and to participate in the community living support programs. He assisted with ADLs, supervised, redirected, and administered medications. Mr. Ogunedo has experience documenting progress notes and reports. He also has experience working at the Michigan Department of Corrections in Jackson, Michigan. His duties included providing direct patient care in all units of the hospital, obtaining and recording vital signs and patient weights. He also assisted with ADLs and ambulation. Additionally, he participated in institutional security procedures and adhered to the policies, procedures, and security requirements.

Mrs. Ogunedo's work experience began in 2004, when she worked at an airport in Nigeria as a waitress. She has also been employed at a teaching hospital in Nigeria, and her job duties included organizing the nursing unit, obtaining and documenting the patient's vital signs, ambulating the patients within the unit, and providing personal care to the patients. She has also worked as a direct care staff in the State of Michigan. Her experience included supervising residents, assisting with ADLs, administering medications, preparing meals, transporting residents to medical appointments, in home duties, report writing, and duties as assigned. Mrs. Ogunedo is also Certified Nurses' Aide, a volunteer at the local hospital and in the church community. Mrs. Ogunedo has

many years of service caring for others and helping in her community. Mrs. Ogunedo has also completed training through the Lifeways Office of Recipient Rights.

The staffing pattern for the original license of the 5-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the 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.

The applicant 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged 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 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

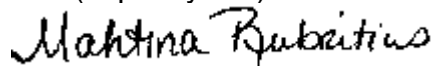
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

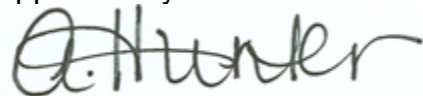


06/13/2018

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



07/10/2018

Ardra Hunter
Area Manager

Date