



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 12, 2018

Roderick Davis  
Davis Better Care LLC  
722 Fifth St  
Jackson, MI 49203

RE: Application #: AS380392603  
**Davis Better Care**  
**722 Fifth St**  
**Jackson, MI 49203**

Dear Mr. Davis:

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 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 (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 #:** AS380392603

**Licensee Name:** Davis Better Care LLC

**Licensee Address:** 722 Fifth St  
Jackson, MI 49203

**Licensee Telephone #:** (517) 937-6721

**Administrator/Licensee Designee:** Roderick Davis

**Name of Facility:** Davis Better Care

**Facility Address:** 722 Fifth St  
Jackson, MI 49203

**Facility Telephone #:** (517) 748-7034  
02/12/2018

**Application Date:**

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

02/12/2018	On-Line Enrollment
02/12/2018	SC-Application Received - Original
02/13/2018	Contact - Document Sent Rule & Act booklets
02/14/2018	Contact - Document Received App; rec cl for Roderick (LD & Admin)
02/14/2018	Licensing Unit file referred for background check review Roderick
02/28/2018	Application Incomplete Letter Sent
05/30/2018	Inspection Completed-BCAL Sub. Compliance
05/30/2018	Inspection Completed On-site
07/17/2018	Inspection Completed On-site
10/09/2018	Inspection Completed Full Compliance
10/09/2018	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; corporate documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

It should be noted that this facility is currently licensed as an adult foster care family home (AF380381863). The family home license will be closed upon issuance of the adult foster care small group home license (AS380392603).

#### **A. Physical Description of Facility**

This facility is located in a residential neighborhood in the City of Jackson. This facility is a two-story home and has a Michigan basement. The primary entrance for residents is located in the front of the facility, facing east. This entrance is equipped with steps and handrails. The second identified resident exit is located off the back (west side) of the facility; which is also equipped with steps and a handrail. The facility is not wheelchair accessible.

The primary entrance opens to the living room, and to the right are the stairs that lead to the second floor. The full bathroom and Bedroom #1, Bedroom #2, and Bedroom #3 are located on this floor. The living room also leads to the dining room, and then the kitchen. From the kitchen and to the left, leads to a pantry area and the second approved means of egress. From the kitchen and to the right, is the door leading to the basement which is a 90-minute door; and it is equipped with an automatic self-closing device and positive latching hardware. The heat plant and the laundry room are located in the basement.

The basement contains the furnace, hot water heater, and electrical panel. The furnace and service has been inspected and approved by an inspector. A copy of the service check report is contained within the licensing file. This facility is air conditioned through individual air conditioning units, placed in the windows. 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 electrical panel and service has been inspected and approved by an electrical inspector.

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

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. The applicant provided the most recent

inspection report. Smoke detectors are located on all levels of the facility and in required areas of the home.

A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	17'10" x 11'	196 sq. ft.	2
Bedroom # 2	11'5" x 8'3"	94 sq. ft.	1
Bedroom # 3	11'10" x 9'5"	111 sq. ft.	1

The indoor living and living areas, (excluding the bedrooms) measure a total of 320 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home cannot accommodate wheelchairs.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 4 male or female ambulatory residents who are 18 years of age or older, and whose diagnosis is developmentally disabled or mentally impaired. 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. Davis Better Care strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, Community Mental Health Specialized Residential funding, and Medicaid Supplemental Payments.

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.

In addition to the above program elements, the applicant intends to utilize local community resources, including but not limited to; attending the YMCA, wellness

classes, utilizing the local walking and biking trails, shopping, attending parades, movies and BBQ's, and other community activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Davis Better Care, L.L.C., and is a "For Profit Domestic Limited Liability Company" which was formed on February 1, 2018. 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 Roderick Davis is the Resident Agent. 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. Davis is the sole owner and member of the L.L.C. and has stated in writing the appointment of himself as the licensee designee and the administrator for the facility.

A criminal background check of Roderick Davis was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Davis submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Davis has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. He has also been trained in First Aid and CPR, and provided certification of completion.

The staffing pattern for the original license of the 4-bed facility is adequate and includes a minimum of 1 staff for 4 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](http://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.

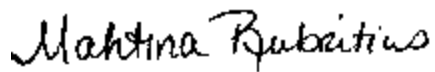
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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 4 residents).



10/09/2018

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:



10/12/2018

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Ardra Hunter  
Area Manager

Date