



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 14, 2018

Iemelif Julian  
1635 Millard Avenue  
Madison Heights, MI 48071

RE: Application #: AS630394526  
**Genesis Adult Foster Care Home III**  
**29140 Murray Crescent Dr**  
**Southfield, MI 48076**

Dear Ms. Julian:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License Application #:</b>           | AS630394526                                      |
| <b>Applicant Name:</b>                  | Iemelif Julian                                   |
| <b>Applicant Address:</b>               | 1635 Millard Avenue<br>Madison Heights, MI 48071 |
| <b>Applicant Telephone #:</b>           | (248) 635-7685                                   |
| <b>Administrator/Licensee Designee:</b> | Iemelif Julian                                   |
| <b>Name of Facility:</b>                | Genesis Adult Foster Care Home III               |
| <b>Facility Address:</b>                | 29140 Murray Crescent Dr<br>Southfield, MI 48076 |
| <b>Facility Telephone #:</b>            | (248) 635-7685                                   |
| <b>Application Date:</b>                | 06/06/2018                                       |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>ALZHEIMERS<br>AGED     |

## II. METHODOLOGY

|            |   |
|------------|---|
| 06/06/2018 | Enrollment<br>Application submitted online 6/3/18 did not download  |
| 06/06/2018 | Contact - Document Sent<br>Rules and Acts books   |
| 06/06/2018 | Application Incomplete Letter Sent<br>1326 and 100 for lemelif  |
| 06/27/2018 | Contact - Document Received<br>1326, RI-030, FP, and 100 for lemelif  |
| 06/27/2018 | File Transferred to Field Office<br>Pontiac   |
| 07/02/2018 | Contact - Document Received<br>Licensing file received from Central office  |
| 07/12/2018 | Application Incomplete Letter Sent  |
| 07/25/2018 | Contact - Document Received<br>Documents received   |
| 07/25/2018 | Application Complete/On-site Needed   |
| 08/23/2018 | Contact - Telephone call made<br>Telephone call made to licensee designee lemelif Julian. Onsite inspection scheduled on 08/28/2018 at 1:00pm |
| 08/28/2018 | Inspection Completed On-site  |
| 08/28/2018 | Inspection Completed-BCAL Sub. Compliance   |
| 08/30/2018 | Application Incomplete Letter Sent<br>Confirming letter sent  |
| 09/04/2018 | Inspection Completed On-site  |
| 09/08/2018 | Contact - Document Received<br>Received documentation   |
| 09/14/2018 | Inspection Completed-BCAL Full Compliance<br>Last onsite inspection conducted on 09/04/2018   |
| 09/14/2018 | Recommend License Issuance  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch located in the city of Southfield. The main level consists of five resident bedrooms, dining room with an attached office area, living room, kitchen, and two full bathrooms. This facility is wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater 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 located at bottom of stairs. Resident activities are not allowed on the lower level. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

| Bedroom # | Room Dimensions                     | Total Square Footage | Total Resident Beds |
|-----------|-------------------------------------|----------------------|---------------------|
| 1         | 18'6" x 10'9"<br>-2'5" x 12'9"      | 168.02               | 1                   |
| 2         | 15'2" x 18'6"<br>-3'8"x1'6"-5'7"x8' | 230.50               | 2                   |
| 3         | 10' x 13'5"<br>-6'10" x 2'6"        | 116.945              | 1                   |
| 4         | 13'7" x 13'5"<br>-10'6" x 2'5"      | 156.83               | 1                   |
| 5         | 13'7" x 10'1"                       | 136.89               | 1                   |

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 677.75 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 **six (6)** 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 the facility were reviewed and accepted as written. The applicant Lemelif Julian intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is aged, Alzheimer's, or physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and

public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant Lemelif Julian has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the Ms. Julian's credit report and the budget statement submitted to operate the adult foster care facility. Ms. Julian receives income as the Ms. Julian licensee of two other licensed adult foster care facilities.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Julian. Ms. Julian submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Julian has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Julian has been the licensee of licensed family home Genesis Adult Foster Care Home since 08/09/2016 as well as the licensee of a licensed small group home Genesis Adult Foster Care Home II since 01/04/2018. The populations served in both facilities are aged, Alzheimers and physically handicapped.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Ms. Julian acknowledged 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. Ms. Julian indicated that direct care staff will be awake during sleeping hours.

Ms. Julian 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.

Ms. Julian 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. Julian 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.

Ms. Julian acknowledged 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, Ms. Julian 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. Julian acknowledged her 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. Julian acknowledged her 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.

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

Ms. Julian acknowledged her 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.

Ms. Julian acknowledged her 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. Julian acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Julian 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 resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Julian acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Julian indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Julian acknowledged 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. Ms. Julian indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

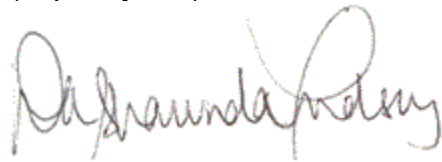
Ms. Julian acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



DaShawnda Lindsey  
Licensing Consultant

09/14/2018

Date

Approved By:



09/14/2018

Denise Y. Nunn  
Area Manager

Date