



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 7, 2018

Maureen Raj
4739 Kimber Lane
Berrien Springs, MI 49103

RE: Application #: AS110391033
Jolly's Embrace
4885 Kimber Lane
Berrien Springs, MI 49103

Dear Ms. Raj:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Karen Hodge".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110391033
Applicant Name:	Maureen Raj
Applicant Address:	4739 Kimber Lane Berrien Springs, MI 49103
Applicant Telephone #:	(269) 815-5225
Licensee:	Maureen Raj
Administrator:	Maureen Raj
Name of Facility:	Jolly's Embrace
Facility Address:	4885 Kimber Lane Berrien Springs, MI 49103
Facility Telephone #:	(269) 332-4808
Application Date:	10/17/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/17/2017	Enrollment
10/20/2017	Inspection Report Requested - Health Inv. #1027563
10/20/2017	Contact - Document Sent Rule & Act booklets
10/20/2017	Application Incomplete Letter Sent Add'l \$40
10/26/2017	Contact - Document Received Add'l \$40
11/21/2017	Application Incomplete Letter Sent
01/29/2018	Inspection Completed-Env. Health : A
02/09/2018	Application Complete/On-site Needed
02/09/2018	Inspection Completed-BCAL Sub. Compliance
02/09/2018	Application Incomplete Letter Sent
09/28/2018	Inspection Completed On-site
09/28/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Jolly's Embrace is a wood frame ranch style home in a residential area of Oronoko Township. The home has three bedrooms for resident use; two for double occupancy and one for single occupancy. The home has a full bathroom on the main level that will be for resident use and one bedroom has a half-bath for the use of that bedroom's occupants. There is a full, unfinished basement that has the laundry facilities and utilities, but will not be for resident use. The home has a private well and private septic system which have been approved for use by the Berrien County Health Department. The main level of the home has a full living room, a separate dining room that can easily accommodate five residents, a fully equipped kitchen, and a sun room. The home is not wheelchair accessible but does have an appropriately designed ramp at one of the exits.

The home has gas, forced-air heat and the furnace and water heater are located in the basement. The door at the top of the stairs to the basement has a 1-3/4 inch solid core

door with an automatic self-closing device and positive latching hardware to provide for floor separation.

The facility is equipped with an interconnected, hardwired 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	15' X 10'5"	156 SF	2
2	11' 1" X 13'5"	150 SF	2
3	11' 4" X 9' 8"	112 SF	1

The indoor living and dining areas measure a total of 384 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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(s) intends to provide 24-hour supervision, protection and personal care to five female residents who are mentally ill or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Berrien County DHHS with a contract through Riverwood Mental Health Authority.

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, it is the intent of the applicant(s) to utilize local community resources for recreational activities including local schools and library, local shopping, churches, and other community services. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Ms. Raj has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings, contract funds, and another AFC home.

A criminal history check of Ms. Raj was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Raj has submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Raj has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has owned and operated an AFC family home since July 2016. Ms. Raj has also been an active care giver for many years in the AFC family home of her mother. Ms. Raj and her mother have provided care to many residents who are either developmentally disabled or mentally ill.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff for five residents per shift. Ms. Raj acknowledges that the staff to resident ratio may need to be decreased 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. Ms. Raj has indicated that direct care staff will not be awake during sleeping hours.

Ms. Raj 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. Raj acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Raj 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. Raj 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 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. Raj 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, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Raj 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. Raj acknowledge 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. Raj 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. Raj acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Raj 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.

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

Ms. Raj 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.

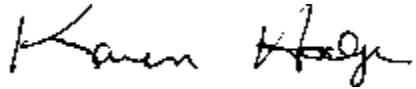
Ms. Raj acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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.

I. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of five.

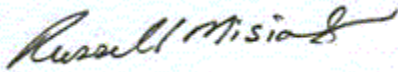


12/7/18

Karen Hodge
Licensing Consultant

Date

Approved By:



12/7/18

Russell Misiak
Area Manager

Date