



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 23, 2019

Regina Griffus
9802 Case Rd
Brooklyn, MI 49230

RE: Application #: AF380395563
Regina's Home
9802 Case Rd
Brooklyn, MI 49230

Dear Mrs. Griffus:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script 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 #:	AF380395563
Licensee Name:	Regina Griffus
Licensee Address:	9802 Case Rd Brooklyn, MI 49230
Licensee Telephone #:	(517) 937-7438
Administrator/Licensee Designee:	N/A
Name of Facility:	Regina's Home
Facility Address:	9802 Case Rd Brooklyn, MI 49230
Facility Telephone #:	(517) 937-7438
Application Date:	07/31/2018
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

07/31/2018	On-Line Enrollment
08/01/2018	PSOR on Address Completed
08/01/2018	Inspection Report Requested - Health Inv. #1028575
08/01/2018	Contact - Document Sent Rule & Act booklets
08/31/2018	Contact - Document Received App; cl & RI-030 for Regina; cl's for Bert & Lauren
08/31/2018	Licensing Unit file referred for background check review Regina
08/31/2018	Licensing Unit file referred for background check review Bert
09/28/2018	Inspection Completed-Env. Health: A
10/01/2018	Application Incomplete Letter Sent
11/20/2018	Inspection Completed On-site
11/20/2018	Inspection Completed-BCAL Sub. Compliance
03/12/2019	Inspection Completed-BCAL Sub. Compliance
03/12/2019	Application Complete/On-site Needed
05/20/2019	Inspection Completed-BCAL Full Compliance
05/20/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is located in a residential neighborhood outside the city limits of Jackson County. This single-story home, built in 1987, has the main level, where the residents will reside and a finished full basement, where the applicant and her husband will reside. This facility is not wheelchair accessible. The primary entrance for the residents is located in the side of the facility; there is a door leading to the garage, and a small ramp that leads to the side door. The second identified resident exit is located in the front of the facility.

The main level of the home consists of the living room, dining room, kitchen, a full bathroom, and three bedrooms. Bedroom #1 also has a full bathroom and it will only be utilized by the occupants of that room. The finished basement has a living room, kitchen, bedroom, other living and storage spaces, and egress leading directly to the outside from the three-season room.

This facility utilizes private water supply and sewage disposal systems. An Environmental Health Inspection was completed by an inspector from the Jackson County Health Department, and the facility received an "A" rating on the inspection report.

This facility is equipped with an inground swimming pool. The applicant has installed railing and a locking mechanism around the pool to safeguard this area.

The natural gas furnace and water heater are located in the basement of this home. Floor separation is provided between the main level and basement of the home, with a 90-minute, fire rated door, which is also equipped with an automatic self-closing device and positive latching hardware. The washer and electric dryer are located in the enclosed laundry room, on the main level of the home.

The facility is equipped with both an interconnected and battery-operated smoke detection system, and it is in good operating condition. The smoke detectors are located on the main level and the basement of the facility, in the sleeping areas, kitchen area, and furnace areas. The facility is also equipped with carbon monoxide detectors.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom #1	16'10" x 13'7"	229	2
Bedroom #2	13'3" x 11'	146	2
Bedroom #3	12'x 12'	144	2

The residents will have access to the common areas of the home, including the living room and dining room. The living room and dining room measures a total of 430 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The applicant and her spouse will occupy the basement level of the home and they have a separate living space.

Based upon the information provided above, this facility can accommodate 6 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 6 male or female ambulatory residents, ages 60 to 99, and who are aged or have Alzheimer's. The home 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. Regina's Home 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, 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.

In addition to the above program elements, the applicant intends to utilize local community resources such as the YMCA, libraries and shopping centers. The facility will also have activities available in the home, including but not limited to games, television, and assistance with activities, such as attending to the raised garden areas and cooking.

Transportation arrangements will be negotiated and documented in the Resident Care Agreement.

C. Applicant and Responsible Person Qualifications

A criminal history background check of Regina Griffus was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Griffus has submitted a statement from a physician documenting her good health and current negative tuberculosis test results. In addition, a record clearance was completed on her spouse/adult household member, and he was cleared to reside in the home.

The spouse has also submitted a statement from a physician documenting his good health and current negative tuberculosis test results. A record clearance was also completed on the responsible person, and she has also submitted a statement from a physician documenting her good health and documentation of her current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents, as evidence by the projected income from caring for AFC residents, along with outside income.

Mrs. Griffus has many years of experience caring for others, beginning back in 1979. Mrs. Griffus has worked as a Certified Nurse Aide for over twenty-five years. In this role, she was responsible for the daily care of the residents including bathing, feeding, toileting, wound care, and comfort care. In addition, she arranged and scheduled transportation for the residents to attend their medical appointments. Mrs. Griffus also trained new employees regarding the proper staff procedures, lifting techniques, and special feeding programs. Mrs. Griffus has extensive experience caring for residents who have Alzheimer's and dementia. Mrs. Griffus also has an additional nine years of experience working as a Certified Nurse Aide, at the local hospital. Her responsibilities included providing in-home and in-facility care for terminally ill patients, including those with cancer, Alzheimer's, dementia, ALS, Multiple Sclerosis, and COPD. Mrs. Griffus intends to provide good, quality care to the residents placed in her home.

The applicant acknowledges the understanding that she must be an occupant of the home in order for this facility to be licensed as an Adult Foster Care Family Home.

The supervision of the residents in this family home, licensed for six residents, will be the responsibility of the family home applicant for 24 hours a day, 7 days a week. The responsible person shall be on call, and available to provide assistance to the applicant, as necessary.

The applicant has indicated that for the original license of this six (6) bed family home, there is adequate supervision with a minimum of 1 responsible person or staff for 6 residents per shift.

The applicant acknowledged their responsibility to establish the good moral character and suitability of each responsible person or volunteer; and to obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

The applicant 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 resident information or both. The applicant was provided with information and technical assistance regarding the process of

obtaining criminal history record clearances 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. In addition, the applicant has indicated that the resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer (s).

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.

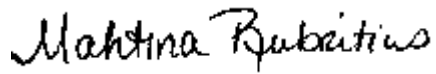
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 family home (capacity 1-6).



5/20/2019

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



5/23/2019

Ardra Hunter
Area Manager

Date