



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 6, 2019

Joshua Cheff
Marie Manor AFC, LLC
3017 Fenton Rd.
Flint, MI 48507

RE: Application #: AL250388977
Marie Manor
3162 Flushing Rd.
Flint, MI 48504

Dear Mr. Cheff:

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 20 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL250388977

Applicant Name: Marie Manor AFC, LLC

Applicant Address: 3162 Flushing Road
Flint, MI 48504

Applicant Telephone #:

Administrator/Licensee Designee: Joshua Cheff, Designee

Name of Facility: Marie Manor

Facility Address: 3162 Flushing Rd.
Flint, MI 48504

Facility Telephone #: (810) 441-8415
06/13/2017

Application Date:

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

06/13/2017	Enrollment
06/21/2017	Inspection Report Requested - Fire
06/21/2017	Contact - Document Sent Fire Safety Sting
06/21/2017	Application Incomplete Letter Sent Signed 1326
06/21/2017	Contact - Document Sent Rule and act booklets
06/30/2017	Contact - Document Received signed 1326
06/30/2017	Application Complete/On-site Needed
06/30/2017	File Transferred to Field Office Flint
09/19/2017	Application Incomplete Letter Sent
12/15/2017	Contact - Document Sent 10-day notice to close mailed to applicant.
12/28/2017	Contact - Telephone call received A phone call was received from the applicant stating that the fire marshal has just been out. Will send building permits for verification that the license is still being actively pursued.
06/03/2019	Inspection Completed On-site
06/18/2019	Inspection Completed On-site
06/26/2019	Inspection Completed-BCAL Sub. Compliance
07/03/2019	Inspection Completed-Fire Safety: A A copy of the BFS Inspection approval, dated 07/03/19, was received from the applicant via email.
07/10/2019	Inspection Completed-BCAL Full Compliance
07/10/2019	Inspection Completed-Env. Health: A

07/10/2019 Inspection Completed On-site

08/02/2019 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Marie Manor is located in the City of Flint, located in Genesee County. The building is owned free and clear by the Licensee, Mr. Joshua Cheff. The property is located on a city block near other local businesses. The facility is a newly remodeled 2-story building encompassing the entire 2nd floor.

This 20-bed facility is complete with both a living and dining room as well as a sitting area. This level also contains 13 bedrooms, and 4 rooms reserved as offices, one of which will contain the resident's medication. Also located in the facility are 2 full bathrooms, a laundry room, and a kitchen area. There is also a stairwell leading to the lower level of the building.

The furnace and hot water heater are located in a mechanical room that is constructed of material that has a 1-hour-fire resistance rating. The mechanical room is equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected and determined to be in good working condition on June 18, 2019. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The home has a public water and sewer system provided by the City of Flint. The home was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	24.12 x 12.04	348	2
#2	11.9 x 11.94	224'6"	2
#3	18.92 x 12.63	451	2
#4	11.84 x 19.02	345	2
#5	14.06 x 11.92	278	2
#6	28.11 x 15.42	545'6"	2
#7	12.40 x 9.50	117'8"	1
#8	10.65 x 9.92	267'4"	1
#9	10.56 x 17.3	253	2

#10	10.09 x 15.03	174'3"	1
#11	11.03 x 10.09	131'3"	1
#12	13.03 x 10.64	205	1
#13	13.04 x 14.5	194'8"	1

The living room measured 28.79 x 15.89 for a total of 775 square feet. The dining room measured 26.87 x 21.78 for a total of 915 square feet and the sitting area measured 8.10 x 13.36 for a total of 141 square feet, for a total of 1831 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The building has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. This facility is wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate **twenty** (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Marie Manor services and activities program is designed to meet the daily living requirements of the handicapped and the aged, as well as to enhance their quality of life in ways that are compatible with the emotional, social, intellectual and recreational needs of the elderly living in a group home environment.

The facility will provide a multi-faceted roster that will address the universal basic care needs of each residents, in a meaningful and practical manner.

The applicant intends to provide 24-hour supervision, protection and personal care to **twenty** (20) male or female ambulatory adults whose diagnosis is aged, physically handicapped, mentally ill, Alzheimer's, Traumatic Brain Injury and/ or developmentally disabled in the least restrictive environment possible.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and

shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant, Mr. Joshua Cheff, 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 1-staff-to-20 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges 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, 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator,

and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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 physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



August 6, 2019

Sabrina McGowan
Licensing Consultant

Date

Approved By:



August 6, 2019

Mary E Holton
Area Manager

Date