



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 5, 2019

Jeanette Kearney
1275 Highland Ct
YPSILANTI, MI 48197

RE: Application #: AF810396833
JKB Services
1275 Highland Ct
Ypsilanti, MI 48197

Dear Ms. Kearney:

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 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AF810396833
Licensee Name:	Jeanette Kearney
Licensee Address:	1275 Highland Ct YPSILANTI, MI 48197
Licensee Telephone #:	(734) 218-3757
Administrator/Licensee Designee:	N/A
Name of Facility:	JKB Services
Facility Address:	1275 Highland Ct Ypsilanti, MI 48197
Facility Telephone #:	(734) 218-3757
Application Date:	10/17/2018
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

10/17/2018	On-Line Enrollment
10/18/2018	Contact - Document Sent Rule and act books
10/18/2018	PSOR on Address Completed
11/28/2018	Contact - Document Received 1326+ RI030 and afc100
01/17/2019	Application Incomplete Letter Sent
02/15/2019	Inspection Completed On-site
10/25/2019	Inspection Completed On-site
11/01/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential neighborhood in Ypsilanti. The facility has 3 bedrooms, 1 full bathroom, a kitchen, dining room and family/living room. The facility has both public water and public sewer. The facility is not wheelchair accessible.

The furnace and hot water heater are 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. The facility is equipped with smoke detectors.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NE	11'x10'	110	1
SW	11'4"x12'	136	2

The living, dining, and sitting room areas measure a total of 185 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) 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 intends to provide 24-hour supervision, protection and personal care to three (3) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from private sources.

The licensee will assure the availability of 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 has enough financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's outside employment.

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

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift.

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 employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and 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 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 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 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

The applicant followed the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1 - 3).



Jeffrey J. Bozsik
Licensing Consultant

Date: 11/1/19

Approved By:



Ardra Hunter
Area Manager

Date: 11/5/19