



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 25, 2019

Joanne Jordan-Jackson
Apt # P-103
834 S. Sheridan Dr.
Muskegon, MI 49442

| | |
|--------------------|---|
| RE: Application #: | AF610401264 Jones Place 4824 Orchard Ln Muskegon, MI 49442 |
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Dear Ms. Jordan-Jackson:

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 2 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

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|---|--|
| License #: | AF610401264 |
| Applicant Name: | Joanne Jordan-Jackson |
| Applicant Address: | Apt # P-103 834 S. Sheridan Dr. Muskegon, MI 49442 |
| Applicant Telephone #: | (231) 739-0441 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Jone's Place |
| Facility Address: | 4824 Orchard Ln Muskegon, MI 49442 |
| Facility Telephone #: | (702) 406-7492 |
| Application Date: | 08/16/2019 |
| Capacity: | 2 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|---|
| 08/16/2019 | Enrollment |
| 08/21/2019 | Application Incomplete Letter Sent Add'l \$40 fee, 1326 for Joanne and AFC 100 form for Claireretha Morris |
| 09/05/2019 | Contact - Document Received \$40 ck# 207 and 1326 for Joanne Jordan-Jackson & AFC 100 for Claireretha Morris |
| 09/10/2019 | Lic. Unit file referred for background check review AFC 100 for Claireretha Morris |
| 09/10/2019 | PSOR on Address Completed |
| 09/11/2019 | File Transferred To Field Office Grand Rapids |
| 09/17/2019 | Application Incomplete Letter Sent |
| 10/15/2019 | Application Complete/On-site Needed |
| 10/15/2019 | Inspection Completed On-site |
| 10/25/2019 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This newly built modular home is located in the Apple/Carr mobile home park in rural Muskegon County. The entrance to the home is in the front and upon entrance to the home, you step into the living room. To the right of the living room is a kitchen and dining area combined. The home has one short hallway and the first door to the right is the laundry room, furnace behind a locked door, locked medication cabinet and a door leading to the outside of the home. As you move down the hallway, on the left-hand side are two resident bedrooms and a full bathroom for resident use. At the end of the hallway is the Licensee's master bedroom that has a full bathroom for the licensee's private use.

The gas hot water heater is located in behind a panel in the licensee's bedroom closet. The gas furnace is located in the laundry room enclosed behind a locked louver type door. The facility is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas and in the living room. The home utilizes city water and city sewer. This home is not equipped with a ramp to accommodate residents

that require the use of a wheelchair. Therefore, residents that require the use of a wheelchair shall not reside in this home.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|--|----------------------|---------------------|
| #1 | 10.50X10.17=106.78 + 2.66X4.66=12.40 | 119.18 | 1 |
| #2 | 10.0X9.17=91.7 + 2.58X4.0=10.32 | 102.02 | 1 |

The living, dining, and sitting room areas measure a total of 372.45 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 **two** 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 two (2) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Muskegon County-DHS, or surrounding area, Muskegon County CMH, or surrounding area, 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, or the responsible person.

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 Responsible Person Qualifications

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

The applicant(s) have 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 outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for two (2) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 2-bed family home, there is adequate supervision with 1 responsible person on-site –for- 2 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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) 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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 required to be maintained within each resident's file.

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

The applicant acknowledges 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.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant 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 family home (capacity 2).



10/25/2019

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



10/25/2019

Jerry Hendrick
Area Manager

Date