



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 6, 2017

Jayma Mitchell
Bright Side Community Homes LLC.
1084 Westfield Dr.
Jackson, MI 49203

RE: Application #: AS380385629
Bright Side Community Home 1
815 S. Blackstone St.
Jackson, MI 49203

Dear Ms. Mitchell:

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 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 (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 Application #: AS380385629

Licensee Name: Bright Side Community Homes LLC.

Licensee Address: 1084 Westfield Dr.
Jackson, MI 49203

Licensee Telephone #: (517) 902-8725

Administrator/Licensee Designee: Jayma Mitchell, Designee

Name of Facility: Bright Side Community Home 1

Facility Address: 815 S. Blackstone St.
Jackson, MI 49203

Facility Telephone #: (517) 902-8725

Application Date: 11/22/2016

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

11/22/2016	On-Line Enrollment
11/29/2016	Application Incomplete Letter Sent Rec cl's for Jayma & Tracy
12/07/2016	Contact - Document Received Rec cl's, Livescan requests, med cl's & TB's for Jayma & Tracy
02/14/2017	Application Incomplete Letter Sent
06/06/2017	Inspection Completed-BCAL Sub. Compliance
07/11/2017	Inspection Completed-BCAL Sub. Compliance
08/29/2017	Inspection Completed On-site
09/22/2017	Contact - Telephone call received from Mr. Parham- Updates provided regarding the application. Additional updates were provided regarding the licensing process on 9/25/2017 and 10/10/2017.
10/26/2017	Inspection Completed On-site
10/27/2017	Contact - Telephone call to Mr. Parham regarding the enrollment and follow-up questions regarding documents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This two story home, built in 1920, has a basement and is located on a small gradual incline. The facility does not meet criteria for wheelchair accessibility. The primary entrance for residents is located in the front of the facility. This entrance is equipped with stairs that lead to the front door. The second identified resident exit is located off the side of the facility; which is also equipped with steps and terminates on a cement walkway.

The primary entrance opens to the dining room. The living room is located on the right, and Bedroom #3 is to the left of the living room. There is an entryway from the dining room into the kitchen. The secondary exit is located in the kitchen. From the kitchen, there is a small hallway which leads to a half-bathroom on the right and the laundry room. The basement is also accessed through the laundry room. The door leading to the basement is a 90-minute door, and is equipped with an automatic self-closing device and positive latching hardware.

The primary entrance leads to the dining room, and from the dining room, there are stairs that lead to the upstairs, which includes the large storage closet, a full bathroom and Bedroom #1 and Bedroom #2.

The basement contains the furnace, hot water heater, and electrical panel. The electrical panel and service has been inspected and approved by an electrical inspector.

The facility has a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in the required areas.

A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	12'11" x 11'5"	147 sq. ft.	2
Bedroom # 2	12'11" x 11'7"	149 sq. ft.	2
Bedroom # 3	10'2" x 8'9"	88 sq. ft.	1

The indoor living and living areas measure a total of 310 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 5 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 5 (male/female) residents who are 25 years of age or older, and have mental illness or developmental disabilities. According to the program statement, Bright Side Community Homes, L.L.C, intends to "provide a secure and safe environment to persons who require help for daily living." Their goal is "to offer the least restrictive environment possible while helping the resident to feel that they are important and worthwhile." The program 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. The applicant intends to accept individuals with private sources of payment, social security, supplemental security income, Medicaid personal care and funding from the Veteran's Administration. 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, including but not limited to: walking, biking, swimming, fishing, bowling, cards, games, crafts, barbecues, movies and other community activities.

C. Applicant and Administrator Qualifications

The applicant is Bright Side Community Homes, L.L.C., and is a "For Profit Domestic Limited Liability Company" which was formed on October 16, 2016. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Tracy Parham is the Resident Agent. The applicant 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. Mr. Parham has stated in writing the appointment of himself as the administrator and Ms. Mitchell as the licensee designee for the facility.

The criminal background checks of Tracy Parham and Jayma Mitchell were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. Parham and Ms. Mitchell submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Tracy Parham and Jayma Mitchell have both provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. They have also been trained in First Aid and CPR and Ms. Mitchell provided certification of completion.

Mr. Parham has a Bachelor's of Arts degree. His work experience began in 1992, where he was employed as a direct care worker. He has also been employed as a youth development worker, a supervisor, a computer operator, an information technician/programmer/analyst, and an information technology supervisor.

Mr. Parham and Ms. Mitchell have been caring for a family member in their home since 2003; assisting her with activities of daily living, administering medications and providing transportation to and from medical appointments and other scheduled outings in the community.

Ms. Mitchell has a Bachelor's of Nursing degree. Ms. Mitchell has many years of work experience including working as a treatment specialist, a program coordinator, a psychiatric technician, a registered nurse, and a clinical unit leader. Ms. Mitchell has provided and documented care for geriatric and adult inpatients on a the mental health unit at a local hospital, she has worked in residential treatment programs for youth, and developed and implemented treatment plans for residents in a therapeutic setting. Ms. Mitchell has management experience and her duties included hiring, managing and training treatment staff, writing reports and presenting reports in court.

The staffing pattern for the original license of the 5 bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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.

The applicant 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 by the licensee designee 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.

The applicant 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 designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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 acknowledge 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 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.

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 small group home (capacity 5 residents).

Mahtina Rubritius

11/06/2017

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

11/06/2017

Ardra Hunter
Area Manager

Date